



Complete and return form to:  
**Moundville City Hall**  
**Business License Dept.**  
**410 Market Street**  
**P.O. Box 98**  
**Moundville, Al 35474**  
**Phone(205)371-2641 Fax(205)371-9160**

BUSINESS LICENSE / TAX APPLICATION		
Application Type: <input type="checkbox"/> NEW <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> OWNER CHANGE <input type="checkbox"/> LOCATION CHANGE		
BUSINESS INFORMATION		
<b>Legal Business Name:</b>		
<b>Principal Business Activity &amp; Product:</b>		
Will business be conducted under another name (DBA)? <input type="checkbox"/> NO <input type="checkbox"/> YES		
If DBA applies, please specify trade name (DBA):		
<b>Physical Address (Where the business is physically located &amp; doing business from):</b>		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:
<b>Contact Person &amp; Title:</b>		Phone:
		Email:
<b>Mailing Address:</b>		
City:	State:	Zip Code:
Federal Tax ID (FEIN) #:		State of Alabama Sales Tax #:
State of AL Seller's Use Tax #:		State of AL Consumer's Use Tax #:
<b>Business Structure / Form of Organization:</b>		
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NON-PROFIT CORPORATION	<input type="checkbox"/> PROFESSIONAL ASSOCIATION
<input type="checkbox"/> OTHER (Please specify):		
FILL IN LAND/BUILDING INFO IF PHYSICAL LOCATION IS IN THE CITY OR IT'S POLICE JURISDICTION:		
<b>Land / Building</b> <input type="checkbox"/> OWN <input type="checkbox"/> RENT	<b>If rent, provide a copy of lease &amp; owner information below:</b>	
Property Owner Name:		Phone:
Address:		
City:	State:	Zip Code:
BUSINESS OWNER / APPLICANT INFORMATION		
<b>Owners, Partners or Officers</b> (attach separate sheet if necessary): <b>*Copy of Driver's Licenses Must Be Provided*</b>		
Name:	Title:	Contact #:
Date of Birth:	Driver's License #:	SS #:
Address:		
City:	State:	Zip Code:

**PLEASE COMPLETE BACK SIDE OF APPLICATION---- >>>**

**BUSINESS LICENSE / TAX APPLICATION (PAGE 2)****LICENSING / APPLICABLE TAXES****Business Operated From:** ☐ HOME ☐ STORE FRONT OR OFFICE**Physical Location:** ☐ CITY ☐ POLICE JURISDICTION ☐ OUTSIDE CITY LIMITS AND POLICE JURISDICTION**Tax Types:**

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> SALES TAX | <input type="checkbox"/> BUSINESS LICENSE (ANNUAL)             | <input type="checkbox"/> SELLER'S USE TAX   |
|                                    | <input type="checkbox"/> RENTAL TANGIBLE PERSONAL PROPERTY TAX | <input type="checkbox"/> CONSUMER'S USE TAX |
|                                    | <input type="checkbox"/> RENTING/LEASING COMMERCIAL PROPERTY   | <input type="checkbox"/> TOBACCO TAX        |
|                                    | <input type="checkbox"/> RENTING RESIDENTIAL PROPERTY          | <input type="checkbox"/> WINE TAX           |

**Tax Filing Frequency** (must match your State of AL filing frequency):

- ☐
- MONTHLY
- ☐
- QUARTERLY
- ☐
- ANNUALLY
- ☐
- SEMI-ANNUALLY
- ☐
- OTHER

**Business Type:**

- |                                       |  |                                     |   |
|---------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> RETAIL       | <input type="checkbox"/> WHOLESALE                                     | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> SERVICE / PROFESSIONAL |
| <input type="checkbox"/> MANUFACTURER | <input type="checkbox"/> RENTAL / RENTAL PROPERTY / SHORT-TERM RENTALS |                                     | <input type="checkbox"/> OTHER                  |

# of Employees \_\_\_\_\_ Enrolled in E-Verify? ☐ Yes ☐ No  
If no, please visit [www.e-verify.gov](http://www.e-verify.gov)

**CERTIFICATION AND SIGNATURE**

By signing this license application, you certify that all information and statements provided herein are true and correct. You also certify, under penalty of perjury, that you are a US Citizen or are lawfully present in the US. In addition, by signing below, you acknowledge that you cannot operate this business in the City of Moundville or its Police Jurisdiction until this business license application is approved and a business license is issued.

**Signature of Owner/Applicant:****Date:****Printed Name:****Title:****Name of person completing Application** \_\_\_\_\_ **Title** \_\_\_\_\_**FOR HELP WITH CALCULATION OF LICENSE AMOUNT PLEASE CONTACT OUR OFFICE****LICENSE AND FEE CALCULATION****Effective Date:**

Flat Rate License Amount (if applicable) \$ \_\_\_\_\_

Estimated Gross Receipts Through End of Year:	ESTIMATED GROSS	FEE	FEE SCHEDULE
City of Moundville	_____	\$ _____	_____
Police Jurisdiction (PJ)	_____	\$ _____	_____
Outside of PJ	_____	\$ _____	_____

License Amount \$ \_\_\_\_\_

Issue Fee \$ \_\_\_\_\_

Total Amount Due with Application: \$ \_\_\_\_\_

**If you need help with this application please contact 205-371-2641****APPLICATION REVIEW (OFFICE USE ONLY)**

Code Compliance #	Account #
Application Reviewed By:	Date Reviewed:
Business License #	Date Issued:
Business License Issued By:	