Oxford

Financial & Business License Department P.O. Box 3383, Oxford, AL 36203

Phone: 256-831-3183 Fax: 256-835-6110

BUSINESS LICENSE / TAX APPLICATION								
Application Type:	□ NEW		NAME CHANG	SE.	□ LOCATION CHANGE			
BUSINESS INFORMATION								
Legal Business Name:								
Type of Ownership:								
Will business be conducted under another name (DBA)? □ NO □ YES								
If DBA applies, please specify trade name (DBA):								
Physical Address (DBA)	•							
City:	City:		State:		Zip Code:			
Business Phone: Cell Phone:				Email:				
Contact Person: Phone:				Email:				
Mailing Address:								
City:	State:				Zip Code:			
Federal Tax ID (FEIN) #: State of AL Sales Tax #:								
State of AL Seller's/Consumer Use Tax #: State					AL License #:			
County Business License:								
Land / Building	OWN	□ RENT		If rented,	please provide property owner information below			
Property Owner Name:					Phone:			
Address:								
City:		State:			Zip Code:			
BUSINESS OWNER / APPLICANT INFORMATION								
Owners, Partners or Officers (attach separate sheet if necessary *Copy of Driver's Licenses Must Be Provided*								
Name:		Title:			Contact #:			
Date of Birth:		Driver's License #:			SS #: (Required)			
Address:								
City:		State:			Zip Code:			
Name:		Title:			Contact #:			
Date of Birth:		Driver's License #:			SS #:			
Address:								
City:		State:			Zip Code:			

BUSINESS LICENSE / TAX APPLICATION (PAGE 2)								
LICENSING / APPLICABLE TAXES								
Business Operated From:	CE							
Physical Location:	□ CITY □ OUTSIDE C	CITY LIMITS						
Tax Types:								
□ SALES TAX	 BUSINESS LICENSE (AN 	NUAL)	□ SELLER'S USE TAX					
□ LODGING TAX	□ RENTAL TANGIBLE PER:	SONAL PROPERTY TAX	□ CONSUMER'S USE TAX					
□ LODGING TAX - STR	 RENTING/LEASING COI 	MMERICAL PROPERTY	□ TOBACCO TAX					
	□ RENTING RESIDENTIAL	PROPERTY	□ WINE TAX					
Tax Filing Frequency (must match your State of AL filing frequency):								
□ MONTHLY □ QUARTERLY □ ANNUALLY □ SEMI-ANNUALLY □ OTHER								
Business Type:	NAICS Code:		# of Employees:					
□ RETAIL	□ WHOLESALE	□ CONTRACTOR	□ SERVICE / PROFESSIONAL					
□ MANUFACTURER	☐ RENTAL / RENTAL PROPER	RTY / SHORT-TERM RENTALS	□ OTHER					
Estimated Gross Receipts:			Start Date:					
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 Oxford or its								
Police Jurisdiction until this business license application is approved and a business license is issued.								
Signature of Owner/Applica		Date:						
Printed Name:		Title:						
APPLICATION REVIEW (OFFICE USE ONLY)								
Zoning Compliance #	Account #							
Application Reviewed By:		Date Reviev	wed:					
Inspection Required:	Date Review	wed:						
Inspection Approval:		•						
Fire Code:		-						
Business License #								
Business License Issued By:								
State License Verification By:								