

TOWN OF BAKERHILL BUSINESS LICENSE APPLICATION

(CONFIDENTIAL)

NOTE: The Town of Bakerhill imposes its Business Licenses Tax within its Police Jurisdiction at a rate of one-half imposed within the Corporate Limits.

COMPLETE AND MAIL OR FAX TO:

TOWN OF BAKERHILL

1896 HIGHWAY 131

BAKERHILL, AL 36027

FAX: 334-616-7955

PHONE: 334-616-6888

APPLICANT COMPLETE THIS AREA:

FEIN _____

STATE OF ALA TAX # _____

FORM OF OWNERSHIP

____ Sole Proprietorship

____ Partnership

____ Corporation

____ Professional Association

____ LLC

____ Other (Specify) _____

Please print or type: See page 4 for Instructions and Further Information

Application Type (circle one) NEW OWNER CHANGE NAME CHANGE LOCATION CHANGE

Legal Business Name:

Trade Name (if different)

Business Activities (Brief description - example: retail clothing, wholesale food, rental or industrial equipment, computer consulting, etc):

Physical Address of Business (Street, City, State, Zip):

Mailing Address of Business (Street, City, State, Zip)

Telephone (Business, Fax, Home):

Email address:

Name/Phone of Contact Person:

List the Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary) (if Officers, only list top five):

| Name | Residence Address | Business Address | Title |
|-------|-------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Date Business Activity Initiated or Proposed in Bakerhill _____

Number of Employees in the Town of Bakerhill _____

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above named entity, and person(s) listed.

Date _____

Signature _____

Title _____

THIS PAGE IS FOR MUNICIPAL USE ONLY

ACCOUNT ID# _____

REVIEWED BY _____ on ___/___/20
(Municipal Building Official)

Building Approval: YES _____ NO _____ NA _____

REVIEWED BY _____ on ___/___/20
(Municipal Zoning Enforcement Officer)

PHYSICAL LOCATION: INSIDE TOWN LIMIT _____ POLICE JD _____

ZONING CLASSIFICATION: _____

PROCESSED BY _____ on ___/___/20
(Municipal License Officer)

TAX TYPES:

Sales/Seller's Use ___ Consumers Use ___ Rental ___ Lodgings ___ Alcohol ___
Occupational ___ Tobacco ___ Gas/Motor Fuel ___ Business License ___

TAX FILING FREQUENCY:

Monthly _____ Quarterly _____ Annual _____ Other _____

BUSINESS TYPE:

Retail ___ Wholesale ___ Building Contractor ___ Service ___
Professional ___ Manufacture ___ Rental ___ Other ___

Business Classification Code

License Category
