

CITY OF HARTSELLE, ALABAMA BUSINESS APPLICATION

CONFIDENTIAL

Complete and Mail/Fax/Email To:

City of Hartselle

611 Chestnut St NW

Hartselle, AL 35640

(256) 773-2535 Fax (256) 773-2257

lwarren@hartselle.orgmsmith@hartselle.org**Applicant Complete This Box**

FEIN _____

State of Ala. Tax# _____

FORM OF OWNERSHIP (Check One)

Sole Prop. _____

Partnership _____

Corp. _____

Prof. Assoc. _____

LLC _____

Other _____

Please Type or Print

Application Type: New _____ Renewal _____ Changes: Owner _____ Name _____ Location _____

Legal Business Name: _____

Trade Name: (If different from above) _____

Business Activities: *(Brief description—example: Retail clothing sales, wholesale food sales, rental of industrial equipment, computer consulting, etc.)*Physical Address: _____
(Street) (City) (State) (Zip)Mailing Address: _____
(Street) (City) (State) (Zip)Telephone: _____
(Business) (Fax) (Home/Cell Phone)

Name & Phone # for Contact Person: _____

Email Address for Contact: _____

List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary):

NameResidence AddressSS#(if not publicly traded co.)Title

Date Business Activity Initiated/Proposed in Hartselle: _____ # of Employees in Hartselle _____

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 AREA FOR MUNICIPAL USE ONLY

ACCOUNT ID# _____

PHYSICAL LOCATION: _____ **CITY** _____ **OUTSIDE CORP LIMITS**

ZONING CLASSIFICATION: _____ **BUILDING APPROVAL:** _____ **YES** _____ **NO** _____ **N/A**

Tax Types: _____ **Sales/Seller's Use** _____ **Consumer Use** _____ **Rental** _____ **Lodging**
_____ **Tobacco** _____ **Gas/Motor Fuel** _____ **Business License**

Tax Filing Frequency: _____ **Monthly** _____ **Quarterly** _____ **Annually** _____ **Occasional**

Business Type: _____ **Retail** _____ **Wholesale** _____ **Contractor** _____ **Service**
_____ **Professional** _____ **Manufacturer** _____ **Rental** _____ **Restaurant** _____ **Other** _____

**PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE
COMPLETION OF THIS FORM**

- **PLEASE COMPLETE ALL AREAS OF THIS FORM EXCEPT FOR THE MUNICIPAL USE BOX**
- **FORM SHOULD BE TYPED OR PRINTED LEGIBLY**
- **FORM SHOULD BE DATED AND SIGNED BY OWNER, PARTNER OR OFFICER OF THE BUSINESS**
- **FORM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE CITY OF HARTSELLE**
- **IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE CITY LIMITS OF HARTSELLE, PLEASE USE THAT ADDRESS ON THE FRONT OF THIS FORM (COMPLETE SEPARATE FORMS FOR EACH PHYSICAL LOCATION IN THE CITY).**
- **AFTER COMPLETING THIS FORM IT CAN BE MAILED, FAXED OR WHERE POSSIBLE, SENT BY ELECTRONIC MAIL TO THE CITY OF HARTSELLE.**
- **UPON RECEIPT OF THE COMPLETED FORM, THE CITY OF HARTSELLE WILL PROVIDE ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.**

ALL LICENSE RENEWALS ARE DUE BY JANUARY 1 AND DELINQUENT AFTER JANUARY 31 WITH THE FOLLOWING EXCEPTIONS:

INSURANCE COMPANIES (PREMIUMS MUST BE PAID ANNUALLY)

CONTRACTORS (MUST HAVE LICENSE BEFORE BEGINNING WORK INSIDE CITY LIMITS)

This form is intended as a simplified, standard mechanism for businesses to initiate contact with the City of Hartselle concerning their activities within the city. A business license will be required prior to engaging in business. If a business intends to maintain a physical location within the city, there are normally zoning and building code approvals required prior to the issuance of a license.

In certain instances, a business may be required to register with city for the reporting and payment of taxes. If that is the case, you will be provided with the forms for that process.

The completion and submission of this form does not guarantee the approval or subsequent issuance of a license to do business. Any prerequisites for a particular type and location of the business must be satisfied prior to licensing.

FOR QUESTIONS CONCERNING THE COMPLETION OF THIS FORM, CALL (256) 773-2535.