



(CONFIDENTIAL)

# BUSINESS LICENSE APPLICATION

The City Does Impose the Business License Tax in Its Police Jurisdiction

**Complete and Mail/Fax/Email to:**  
 City of Guntersville  
 341 Gunter Avenue  
 Guntersville, AL 35976  
 Phone 256-571-7560  
 Fax 256-571-7578  
 melissa.howard@guntersvilleal.org

**Applicant Complete this Box:**  
 FEIN \_\_\_\_\_ RDS/Sales Tax # \_\_\_\_\_  
 NAICS# (If Known) \_\_\_\_\_  
**Form of Ownership (Check One):**  
 Sole Prop Partnership Corp Prof Assoc LLC Other \_\_\_\_\_

**Application Type (Please Print or Type):** New Owner Change Name Change Location Change

Legal Business Name: \_\_\_\_\_

Trade Name (If different from above): \_\_\_\_\_

Business Activities (Brief description – Retail clothing sales, wholesale food sales, rental of industrial equipment, computer consulting, restaurant, etc):

Physical Address \_\_\_\_\_  
 Street City State Zip

Mailing Address \_\_\_\_\_  
 Street City State Zip

Telephone \_\_\_\_\_  
 Business Fax Home Phone

Name & Phone # for Contact Person \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email Address for Contact \_\_\_\_\_

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

<u>Name</u>	<u>Residence Address</u>	<u>SSN (If not publicly traded co.)</u>	<u>Title</u>

Date Business Activity Initiated or Proposed in Guntersville \_\_\_\_\_ # of Employees in Guntersville \_\_\_\_\_

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 \_\_\_\_\_

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**For Municipal use only • Business License Information:**

Date Application Given: \_\_\_\_\_ By: \_\_\_\_\_

Building Inspection Office 256-571-7564  
Dwain Elder ~ Building Official • Jimmy Hanson ~ Building Inspector • Jason Thomason ~ Ordinance Enforcement Officer

Building Official/Inspector Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Marshall Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Business ID#:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **License #:** \_\_\_\_\_ **Clerk:** \_\_\_\_\_