



BUSINESS LICENSE APPLICATION

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

Complete and Mail/Fax/Email to:		Applicant Complete this Box:	
City of Guntersville 341 Gunter Avenue		FEIN RDS/Sales Tax #	
Guntersville, AL 3		NAICS# (If Known)	
Phone 256-571-7	l l		
Fax 256-571-7578		Form of Ownership (Check One): Sole Prop Partnership Corp Prof Assoc LLC Other	
bshaneyfelt@gun	ntersvilleal.gov	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	Stroot	City State Zip	
ſ	Street	City State Zip	
Mailing Address	Street	City State Zip	
	Street	City State Zip	
Telephone	Business	Fax Home Phone	
	DUSINESS	Tax Home Phone	
Name & Phone #	for Contact Person		
Email Address for	Contact		
List Following for	Owner(s), Partners, o	or Officers (Attach separate sheet if necessary):	
Name	Res	sidence Address SSN (If not publicly traded co.) Title	
Date Business Act	ivity Initiated or Prop	posed in Guntersville # of Employees in Guntersville	
This application has be	een examined by me and is	is, to the best of my knowledge, a true and complete representation of the above named entity, and person(s) listed	
Date	Signature	Title	
********	******	*****************************	
		For Municipal use only ■ Business License Information:	
Date Application (Given:	Ву:	
Building Inspection Office 256-571-7564			
Eric Self ~ Building Official * Matt Lang ~ Fire Marshall			
Building Official/Inspector Approval:			
Fire Marshall Approval: Date:			
Business ID#: Date Issued: License #: Clerk:			