

UNIFORM MUNICIPAL BUSINESS LICENSE APPLICATION (CONFIDENTIAL)

City of Troy, Alabama

NOTE: The City Imposes its Business License Tax Within its Police Jurisdiction

Complete and Mail or Fax to:
 CITY OF TROY
 ATTN: LICENSING DEPT.
 PO BOX 549
 TROY, ALABAMA 36081
 (334) 670-6008
 Fax: (866) 417-2339

Applicant Complete This Box:

FEIN: _____
 ST. OF ALA TAX #: _____
 AL DOR 9501# or LCLR #: _____
 FORM OF OWNERSHIP (CHECK ONE)
 Sole Prop. Partnership Corporation
 Prof. Assoc. LLC Other _____

Please Print or Type SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION

Type: New Owner Change Name Change Location Change Renewal

Legal Business Name (Name on Tax Forms): _____

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 #'s: Business: _____ Fax: _____ Home: _____

Email Address: _____

Name/Phone # for Contact Person _____ ()

List the 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 company)</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List in chronological order ALL previous addresses **within the last 7 years**. (Attach separate sheet if necessary)

<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Business Activity Initiated or Proposed in Troy, Alabama _____ # of Employees in Troy, Alabama _____

ALL Contractors - Please Fill Out Additional Information / Form On Back Of This Application.

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 # _____	REVIEWED BY: _____	APPROVED BY: _____	
PHYSICAL LOCATION: <input type="checkbox"/> CITY <input type="checkbox"/> POLICE JURISDICTION <input type="checkbox"/> OUTSIDE CORP LIMITS AND PJ			
ZONING: _____ APPROVED BY: _____ BUILDING APPROVAL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
FIRE CODE _____			
Tax types: <input type="checkbox"/> Sales/Seller's Use <input type="checkbox"/> Consumer Use <input type="checkbox"/> Rental <input type="checkbox"/> Lodgings <input type="checkbox"/> Alcohol <input type="checkbox"/> Occupational			
<input type="checkbox"/> Tobacco <input type="checkbox"/> Gas/Motor Fuel <input type="checkbox"/> Business License			
Tax Filing Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____			
Business Type: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Building Contractor <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Manufacture			
<input type="checkbox"/> Rental <input type="checkbox"/> Other _____			

PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE SHADED AREA AT THE BOTTOM.

FORM SHOULD BE TYPED OR PRINTED LEGIBLY. FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS.

FORM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE MUNICIPALITY.

IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE MUNICIPALITY, PLEASE USE THAT ADDRESS ON THE FRONT OF THIS FORM. (Complete separate forms for each physical location in the municipality, if so required.)

AFTER COMPLETING THIS FORM IT CAN BE MAILED, SENT BY FAX, OR WHERE POSSIBLE, SENT BY ELECTRONIC MAIL TO THE MUNICIPALITY.

UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31 (OR FEBRUARY 15), WITH THE FOLLOWING EXCEPTION:

INSURANCE COMPANY LICENSE DUE JANUARY 1, DELINQUENT AFTER MARCH 1

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

In certain instances, a business may simply be required to register with the municipality to create a mechanism for the reporting and payment of any tax liabilities. If that is the case, you will be provided the materials for that registration 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.

SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER ON THE FRONT OF THIS FORM TO OBTAIN MORE DETAILED EXPLANATION.

For Contractor's Use Only

All contractors must complete the following:

State Home Builders # _____

State General Contractors # _____

State Electrical License # _____

State Plumbers License # _____

State HVAC License # _____

If bonded, please attach a copy to this application. Insurance Company _____

Is this a one-time job? Yes No If yes, location? _____

Total Contract Amount: _____

Do you give the City of Troy permission to release your name, address, and contact information to individuals and/or companies requesting information on Contractors working within the City of Troy?

Yes No Initials _____ Please list any additional conditions? _____

If you are a General Contractor, remember that the General Contractor is responsible for ALL Sub-Contractors, scheduled to work on a project site, to be licensed before power is turned on at said project site.



Licensing Department

P.O. Box 549 · 301 Charles W. Meeks Avenue · Troy, Alabama 36081

Phone: 334.670.6008 · Fax: 866.417.2339

BUSINESS REGISTRATION FORM

TROY-BASED BUSINESSES MUST RETURN THIS COMPLETED FORM TO OBTAIN BUSINESS LICENSES

Mail or Deliver Completed Form to: City of Troy – Licensing Department
Physical Location: 301 Charles W. Meeks Avenue · Troy, Alabama 36081
Mailing Address: PO Box 549 · Troy, Alabama 36081

Business Name: _____

Physical Address: _____

Contact Name: _____ Contact Number: _____

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

Application Type: New Renewal New Location Renewal Existing Location

This form has been examined by me and is, to the best of my knowledge, a true and complete representation of the above named business.

Signature of Applicant _____ Date: _____

THE AREAS BELOW ARE TO BE COMPLETED BY RESPECTIVE CITY DEPARTMENT

SECTION 1: PLANNING DEPARTMENT – 301 Charles W. Meeks Ave, Troy, AL 36081 · (334) 670-6058

Physical Location: Within Corporate Limits of the City Police Jurisdiction Outside Corp Limits and PJ

Zoning: _____ Permitted Use in District: No Yes

Is this a residence: No Yes NA If yes, determined Tier of Home Occupation: 1 2 3 NA

Is this a commercial/industrial property: No Yes NA

Board of Adjustment approval required: No Yes Date of Board Approval: _____

Approved by: _____ Date: _____

Comments: _____

SECTION 2: BUILDING DEPARTMENT – 301 Charles W. Meeks Ave, Troy, AL 36081 · (334) 670-6010

Life/Fire/Safety Inspection required: No Yes If yes, date passed: _____

Certificate of Occupancy required: No Yes If yes, date issued: _____

Meets Applicable Codes & Regulations: No Yes If no, date corrected: _____

Approved by: _____ Date: _____

Comments: _____