City of Bay Minette

_____A Prepared City for Industry_____ _____Baldwin County

PHONE 251-580-1697 FAX 251-580-2573

301 D'OLIVE STREET

Bay Minette, Alabama 36507

BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

DATE BUSINESS BEGAN: _____/____/_____ DATE BUSINESS BEGAN IN CITY: ____/____/_____

BUSINESS MAILING ADDRESS: _____

CITY_____STATE_____ZIP_____

BUSINESS STREET ADDRESS: _____

CITY_____STATE_____ZIP_____

BUSINESS PHONE NUMBER:(____)_____ FAX:(____)_____

OTHER LICENSES (CITIES & STATES)_____

ESTIMATED ANNUAL GROSS SALES/REVENUE (Merchant Only):
_____

MERCHANTS PLEASE CHECK ANY OF THE FOLLOWING THAT YOU WILL BE SELLING:
TOBACCO_____BEER_____WINE_____ALCOHOL_____SODAS_____FUEL_____OTHER_____

FULL NAME OF PROPRIETOR: _____

ADDRESS OF PROPRIETOR: _____

PROPRIETOR'S PHONE NUMBER: DAY_____EVENING_____

EMAIL ADDRESS: _____ FEDERAL_____

I, the undersigned applicant do swear or affirm that I am a principal of the business which is the subject of this application. That the information shown herein is true, complete and correct and that I understand that any omission or misstatement of material fact herein shall be grounds for non-issuance or revocation of license.

_____ _____
Signature of Applicant Date

Office Use Only: In City Limits ____ In Police Jurisdiction _____ Account Number: _____

Schedule	Kind of License	License Fee	10% Penalty	Issue Fee	Total