

CITY OF BAY MINETTE, ALABAMA BUSINESS TAX IDENTIFICATION APPLICATION

The City of Bay Minette Imposes Business License Tax in Police Jurisdiction

PLEASE PRINT OR TYPE

See reverse side for instructions and further information

APPLICATION TYPE: NEW BUSINESS LICENSE RENEWAL BUSINESS LICENSE SALES TAX

BUSINESS INFORMATION

Legal Business Name: _____

Trade Name (if different from above): _____

Form of Ownership (check one): Sole Proprietor Corporation LLC Partnership Other: _____

Business Activities Please provide a brief description. Examples: retail clothing sales, wholesale food sales, rental of industrial equipment, computer consulting, contractor, etc.

Deliveries via common carrier (ONLY): YES NO Physical presence in Bay Minette: YES NO

Physical Address: _____

Mailing Address: _____

Telephone: _____

(Business)

(Fax)

Email: _____ FEIN OR SSN: _____

Contact Person Name & Title: _____ Phone #: _____

BUSINESS LICENSE INFORMATION

List Names of Owner(s), Partners, or Officers (Attach separate sheet if necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Business Activity Initiated or Proposed in Bay Minette: _____

Number of Employees in Bay Minette: _____

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: _____

Complete and mail, fax, or email to:
CITY OF BAY MINETTE, 301 D'OLIVE ST, BAY MINETTE, AL 36507
pwade@ci.bay-minette.al.us
Phone: (251)580-1697 Fax: (251)580-1652

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

PLEASE COMPLETE ALL AREAS OF THE FORM.

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 city.)

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 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 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 SIMPLY BE REQUIRED TO REGISTER WITH THE CITY 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 OF 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 A MORE DETAILED EXPLANATION.