

**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) 566-0177  
Fax: (334) 808-7404

**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: (Bus., Fax, and 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: \_\_\_\_\_

PHYSICAL LOCATION:  CITY     POLICE JURISDICTION     OUTSIDE CORP LIMITS AND PJ

ZONING CLASSIFICATION \_\_\_\_\_ BUILDING APPROVAL YES \_\_\_ NO \_\_\_ N/A \_\_\_

FIRE CODE \_\_\_\_\_

Tax types:    \_\_\_ Sales/Seller's Use \_\_\_ Consumer Use \_\_\_ Rental \_\_\_ Lodgings \_\_\_ Alcohol \_\_\_ Occupational  
                  \_\_\_ Tobacco \_\_\_ Gas/Motor Fuel \_\_\_ Business License

Tax Filing Frequency: Monthly \_\_\_ Quarterly \_\_\_ Annual \_\_\_ Other \_\_\_\_\_

Business Type:    \_\_\_ Retail \_\_\_ Wholesale \_\_\_ Building Contractor \_\_\_ Service \_\_\_ Professional \_\_\_ Manufacture  
                          \_\_\_ Rental \_\_\_ 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:

Home Builders # \_\_\_\_\_

State General Contractors # \_\_\_\_\_

Plumbers State License # \_\_\_\_\_

HVAC State 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.