



P.O. Box 549
301 Charles W. Meeks Ave.
Troy, Alabama 36081
(334) 566.0177

City of Troy, Alabama

BUSINESS LICENSE APPLICATION

NOTE: The City imposes its Business License Tax within its Police Jurisdiction

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION AND COMPLETE ALL PAGES IN PACKET

Application Type: New Renewal Owner Change Name Change Location Change

Date Business Activity Initiated/Proposed in Troy: _____ Number of Employees in Troy: _____

Form of Ownership: Sole Proprietor Partnership LLC Corporation Other _____

Taxpayer Identification Number (Federal Employer Identification Number or Social Security Number): _____

State of Alabama Department of Revenue Sales Tax Number (If Applicable): _____

Legal Business Name (Name on Tax Forms): _____

Trade Name (If different from above): _____

Home Based Business: Yes No Business Activities: _____

Contact Name: _____ Email Address: _____

Physical Address: Street _____ City: _____ State: _____ Zip: _____

Mailing Address: Street _____ City: _____ State: _____ Zip: _____

Business Phone Number: _____ Alternate Phone Number: _____

List the following information for Owner(s), Partners, or Officers. (Attach separate sheet if necessary)

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

List in chronological order any previous addresses of this business within the last 7 years. (Attach separate sheet if necessary)

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

FOR CONTRACTOR'S ONLY!! All contractors must complete the following:

Home Builders #: _____ State GC #: _____ State Electrical #: _____

Plumber's State License #: _____ HVAC State License #: _____

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

Job Location: _____ Total Contract Amount: \$ _____

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.

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.

Signature: _____ Title: _____ Date: _____

****BUSINESS LICENSES RENEW ANNUALLY ON JANUARY 1.**

Mail completed form to: City of Troy Business License Dept P.O. Box 549, Troy, AL 36081 or email to businesslicensing@troyal.gov



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City of Troy, Alabama
BUSINESS REGISTRATION FORM

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

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION!

Business Name: _____

Physical Address: Street _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Number: _____

Email Address: _____

Description of Business Activities: _____

NOTE TO APPLICANT - All exterior signage must comply with the City of Troy Zoning Ordinance and applicable codes and must be approved by the Planning Dept. and permitted by the Building Dept. before installation.

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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 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: _____