

CITY OF MOODY, ALABAMA BUSINESS APPLICATION

COMPLETE AND MAIL

City of Moody
670 Park Ave.
Moody, AL 35004

205-640-0304

(CONFIDENTIAL)

**PLEASE PRINT OF TYPE
SEE REVERSE SIDE FOR
INSTRUCTIONS
AND FURTHER INFORMATION**

APPLICANT COMPLETE THIS BOX

TIN _____
ST OF AL TAX# _____
Form of Ownership (check one)
 Sole Proprietor Partnership
 Corporation Professional Asso.
 LLC Other _____

APPLICATION TYPE: NEW RENEWAL CHANGE OWNER NAME CHANGE LOCATION CHANGE

LEGAL BUSINESS NAME: _____

Business Activities: (Brief desc.-example: retail clothing sales, wholesales food sales, rental of industrial equip., computer consulting, etc.)

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

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

Telephone: _____
(Business) (Fax) (Home Phone-In Case of Emergency)

Email: _____ AL Tax Acct. #: _____ AL Taxpayer Name: _____

Name/Phone # for Contact Person: _____ () _____

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 Moody _____ # of Employees In Moody _____

This application has been examined by me and is to the best of my knowledge, a true and correct 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 # PJ

ZONING CLASSIFICATION _____ BUILDING APPROVAL YES NO NA FIRE CODE

TAX TYPES: SALES/SELLER'S USE OCCUPATIONAL RENTAL LODGINGS
 CONSUMER USE TOBACCO GAS/MOTOR FUEL BUSINESS LICENSE ALCOHOL

TAX FILING FREQUENCY: MONTHLY QUARTERLY ANNUAL OTHER _____

BUSINESS TYPE: RETAIL WHOLESALE BUILDING CONTRACTOR SERVICE PROFESSIONAL
 MANUFACTURER 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 THIS ADDRESS ON THE FRONT OF THE 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 1ST AND DELINQUENT AFTER JANUARY 30TH, WITH THE FOLLOWING EXCEPTIONS:

INSURANCE COMPANY LICENSE: DUE JANUARY 1ST, DELINQUENT AFTER MARCH 1ST

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 IS 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 WITHIN 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 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 A MORE DETAILED EXPLANATION.