CITY OF ROANOKE, ALABAMA BUSINESS APPLICATION

(CONFIDENTIAL)

Complete and Mail or Fax To:

CITY OF ROANOKE
REVENUE DEPARTMENT
P.O. BOX 1270
ROANOKE, ALABAMA 36274
(334) 863-4129 FAX (334) 863-2137

Please Print or Type
SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION

Applicant Complete This Box

FEIN _____
ST of AL Tax # _____

Form of Ownership (Check One)

☐ Sole Prop ☐ Partnership
☐ Corporation ☐ Professional Assoc.
☐ LLC ☐ Other _____

APPLICATION TYPE: ☐ NEW ☐ OWNER CHANGE ☐ NAME CHANGE ☐ LOCATION CHANGE

Legal Business Name: _____

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: _____
(Business) (Fax) (Home Phone)

Name/Phone # for Contact Person _____ ( ) _____

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

Name	Residence Address	SSN	Title

Date Business Activity Initiated or Proposed in Roanoke _____ **# of Employees in Roanoke** _____

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 & 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 ☐ ANNUALLY ☐ 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 THAT ADDRESS ON THE FRONT OF THIS FORM. (Complete separate forms for each physical location in the city.)

=> 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, WITH THE FOLLOWING EXCEPTIONS:

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 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.