



CITY OF FOLEY, ALABAMA BUSINESS APPLICATION
(CONFIDENTIAL)

The City Does Impose the Business License Tax in its Police Jurisdiction

Complete and Mail or Fax To:
CITY OF FOLEY
PO BOX 1750
FOLEY, AL 36536
(251) 943-1545 Fax (251) 952-4014

[Empty box for stamp or signature]

Applicant Complete This Box
FED ID #
ST of ALA TAX #
FORM OF OWNERSHIP (Check One)
Sole Prop. Partnership
Corp. Prof Assoc
LLC Other

Please Print or Type
SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION
Application Type: New Owner Change Name Change Location Change

Legal Business Name:

Trade Name: (If different from above)

Business Activities: (Brief description - Retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc.)

Physical Address: (STREET) (CITY) (STATE) (ZIP CODE)

Mailing Address: (STREET) (CITY) (STATE) (ZIP CODE)

Telephone: (Business) (Fax) (Home Phone)

Name & Phone # for Contact Person: ()

Email Address for Contact:

List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Table with 4 columns: Name, Residence Address, SSN (if not publicly traded co.), Title

Date Business Activity Initiated or Proposed in Foley: # of Employees

Anticipated Gross Revenue in Foley through December 31: \$

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. I understand that my license may be revoked for any false statements made herein.

Date Signature Title

THIS AREA FOR MUNICIPAL USE ONLY
Account ID # Amount Paid \$ Received By Date
PHYSICAL LOCATION: CITY POLICE JURISDICTION OUTSIDE CORP LIMITS & PJ
Pre-approval Form Complete: YES NO NAICS Code(s)
Tax Types: Remit To:
Business Type: Retail Wholesale Building Contractor Service Professional Manufacturer Rental Other