



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:

Table with 4 columns: Name, Residence Address, SSN (if not publicly traded co.), Title. Includes header and three rows of data.

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.