

CITY OF WETUMPKA, ALABAMA BUSINESS APPLICATION

(CONFIDENTIAL)

Complete and Mail

CITY OF WETUMPKA
P.O. Box 1180
WETUMPKA, AL 36092
(334) 567-1301
334-567-1307 (FAX)

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

Applicant Complete This Box

FED ID#

Form of Ownership (Check One)

- Sole Proprietor
Partnership
Corporation
Professional Assoc.
LLC
Other

APPLICATION TYPE: NEW RENEWAL OWNER CHANGE NAME CHANGE LOCATION CHANGE

Legal Business Name:

Trade Name: (If different from above):

Business Activity Description:

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

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

Telephone: (Business) (Cell) (Home Phone - In Case Of Emergency)

ALATAX (Sales Tax) # AlaTax Taxpayer Name: Email:

Name/Phone # for Contact Person:

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

Table with 4 columns: Name, Residence Address, SSN, Title

Date Business Activity Initiated or Proposed in WETUMPKA:

If business was acquired from a previous owner, or a change in the organization has occurred, provide the following information:

GIVE DATE OF ACQUISITION OF CHANGE

NAME OF PREVIOUS OWNER OR ORGANIZATION

FORMER TRADE NAME

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

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.)

==> 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 FEBRUARY 15<sup>th</sup> EACH YEAR**

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.

**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  ANNUAL  OTHER \_\_\_\_\_

BUSINESS TYPE:  RETAIL  WHOLESALE  BUILDING CONTRACTOR  SERVICE  PROFESSIONAL  
 MANUFACTURER  RENTAL  OTHER \_\_\_\_\_