PLEASE COMPLETE ALL AREAS OF THE FORM

FORM SHOULD BE TYPED OR PRINTED LEGIBLY

FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS

SEC. 6-16. PENALTIES AND INTEREST.

(a) All licenses not paid within thirty (30) days from the date they fall due shall be increased by fifteen (15) percent for the first thirty (30) days they shall be delinquent and shall be measured by an additional fifteen (15) percent for a delinquency of sixty (60) or more days, but this provision shall not be deemed to authorize the delay of thirty (30) days in the payment of the license due, which may be enforced at once.

(b) In the case of persons who began business on or after the first day of the calendar year, the license for such "new business" shall be increased by fifteen (15) percent for the first fifteen (15) days they shall be delinquent, and shall be measured by an additional fifteen (15) percent for a delinquency of forty-five (45) days or more.

(c) All delinquent accounts (both license taxes and penalties) shall also be charged simple interest at the rate of one (1) percent per month.

(Ord. No. 2007-10, § 16, 11-20-07)

ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31, WITH THE FOLLOWING EXCEPTION:

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

THIS FORM IS INTENDED AS A SIMPLIFIED, STANDARD MECHANISM FOR BUSINESS 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 TO THE ISSUANCE OF THE 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 QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL **(334) 222-3312** TO OBTAIN A MORE DETAILED EXPLANATION.

Application for Business License

ALL FIELDS MUST BE COMPLETED

CITY OF ANDALUSIA

P.O. Box 429 • Andalusia, AL 36420
334-222-3312 • Fax 334-427-2006
Application@CityofAndalusia.com

APPLICATION TYPE (REQUIRED):

- ☐ Renewal
- ☐ New Business
- ☐ Name Change
- ☐ Owner Change
- ☐ Location Change

Date Business Activity Proposed: _____ **Number of Employees:** _____

Form of Ownership: (Check One) **Required**

☐ Sole Proprietorship ☐ Corporation ☐ LLC - Single Member
☐ LLP (Limited Liability Partnership) ☐ General Partnership ☐ LLC - Multi Member
☐ Governmental Agency ☐ Professional Association ☐ Other: _____

Legal Business Name: _____

Trade Name / DBA: _____ (if different from legal name). **Email:** _____

Federal Employer Identification Number (FEIN): _____ AND / OR **Social Security Number** _____

Business Type:

☐ Retail ☐ Contractor ☐ Professional / Vocational ☐ Implements
☐ Wholesale ☐ Auto Dealer ☐ Manufacturer / Processing ☐ Other _____

Describe Business You Are Conducting: _____

_____

Mailing Address: _____ (Street or P.O. Box) _____ (City) _____ (State) _____ (Zip)

Physical Address: _____ (Street – **NO** P.O. Box) _____ (City) _____ (State) _____ (Zip)

Telephone: _____ (Business) _____ (Home) _____ (Cell) _____ (Fax)

Owners: _____ (Name) _____ (Residence Address) _____ (SSN) _____ (Title)

_____ (Name) _____ (Residence Address) _____ (SSN) _____ (Title)

Name of Contact Person: _____ **Phone Number:** _____

SOME BUSINESS MAY REQUIRE STATE CERTIFICATION(S) AND/OR COVINGTON COUNTY HEALTH PERMIT(S).

Sworn Statement: I hereby swear that the amount of capital invested or value of goods, stocks, furniture and fixtures or amount of sales or receipts as required for disclosure in order to obtain a business license has been examined by me and to the best of my knowledge is true, correct, and complete. I understand issuance of license does not permit business operation unless business is properly zoned, and/or in compliance with all applicable laws/rules.

Signature: _____ Print Name: _____ Date: _____

See Reverse Side For Additional Information

SUBMIT APPLICATION

FOR OFFICE USE ONLY:

Type of License	Gross Receipts (If Required)	Unit Amount (Applies if fee is based on "number" of units)	License Fee Due
		Penalty (if applicable):	
		Interest:	
		Issuance Fee:	**$ 5.00**
		Total Due:	

WHITE – FILE COPY YELLOW – APPLICANT COPY