

APPLICATION TYPE: New Owner Change
 Name Change Location Change

Date	_____
ID	_____
Payment	_____
Amount	_____

CITY OF VALLEY GRANDE
Business License Application
5914 Alabama Highway 22
Valley Grande, Alabama 36701

PLEASE PRINT OR TYPE

Legal Business Name: _____ EIN or SS # _____

D.B.A. (if different from above): _____

Mailing Address: _____

Physical Address: _____

Telephone: (_____) _____ (_____) _____ (_____) _____
BUSINESS FAX HOME/CELL

Email Address: _____

Name/Phone Contact Person: _____

Names of Owner(s), Partner(s), or Officer(s) – Use back or attach separate sheet if necessary:

NAME	TITLE	SOCIAL SECURITY NUMBER	PHONE

Description of Work: _____

Estimated gross receipts: \$ _____ License amount: \$ _____

Issue fee: \$ 12.00

Total amount due: \$ _____

Organization Type: <input type="checkbox"/> Corporation LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>
Business Type: <input type="checkbox"/> Contractor <input type="checkbox"/> Manufacture <input type="checkbox"/> Professional <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Other _____
Delivery Method: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Customer Pickup <input type="checkbox"/> Own Vehicle <input type="checkbox"/> UPS
Physical Location: <input type="checkbox"/> City <input type="checkbox"/> Outside City Limits

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.

Signature of Applicant _____

Title _____ Date _____

CITY USE NAICS Code(s) _____
Tax: <input type="checkbox"/> Sales <input type="checkbox"/> Use <input type="checkbox"/> Lease <input type="checkbox"/> Lodging <input type="checkbox"/> Liquor <input type="checkbox"/> Tobacco <input type="checkbox"/> Gas
Filing: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Occasional <input type="checkbox"/> Other