

Complete and Mail Or Fax to:

CITY OF GLENCOE
REVENUE DEPARTMENT
201 WEST CHASTAIN BLVD.
GLENCOE, AL 35905
FAX: (256) 494-1339

(CONFIDENTIAL)

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 Activities: (Brief desc. - example. retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc)

with Gross Receipts/*Contract Amount: _____ *Contractor's license amount will be based on contract amount
the exception of renewals.

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

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

Tax Dept Mailing Address: _____
(Street) (City) (State) (Zip)

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

Email: _____

Name/Phone # for Contact Person: _____

List Names of Owner(s), Partners, or Officers (Attach separate sheet if necessary)
Name SSN/Drivers license #/Date of Birth Title

Date Business Activity Initiated or Proposed in Glencoe: _____ # of Employees in Glencoe _____

Payroll Contact _____ Phone number _____

The City of Glencoe requires a 2% occupational license fee based on gross wages of employees

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above named
entry and person(s) listed.

Date _____ Signature _____ Title _____

THIS AREA FOR MUNICIPAL USE ONLY

ACCOUNT #: _____ REVIEWED BY: _____

PHYSICAL LOCATION: CITY POLICE JURISDICTION OUTSIDE CITY

ZONING CLASSIFICATION: _____ BUILDING APPROVAL: YES NO N/A FIRE CODE: _____

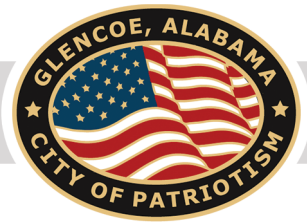
TAX TYPES: BUSINESS LICENSE OCCUPATIONAL ALCOHOL TOBACCO GAS/MOTOR FUEL

SALES/SELLER'S USE RENTAL LODGINGS CONSUMER USE

TAX FILING FREQUENCY: MONTHLY QUARTERLY OTHER _____

BUSINESS TYPE: RETAIL WHOLESALE BUILDING CONTRACTOR SERVICE

PROFESSIONAL MANUFACTURER OTHER _____



PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE AREA FOR MUNICIPAL USE.
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 YOU ARE A SOLE PROPRIETOR, PLEASE INCLUDE YOUR SOCIAL SECURITY NUMBER, DRIVER'S LICENSE NUMBER AND DATE OF BIRTH. IF YOU ARE, PLEASE NOT A SOLE PROPRIETOR INCLUDE YOUR FEDERAL ID NUMBER AND THE NAME OF THE PRESIDENT OF THE COMPANY.

THE DATE BUSINESS ACTIVITY INITIATED OR PROPOSED IN GLENCOE IS ONLY APPLICABLE TO NEW BUSINESS AND CONTRACTORS 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.)

WILL PROVIDE ANY ADDITIONAL UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

ALL GENERAL CONTRACTORS ARE REQUIRED TO PROVIDE A SUBCONTRACTORS LIST TO THE REVENUE OFFICER.

ALL LICENSE RENEWALS ARE DUE **JANUARY 1ST** AND DELINQUENT AS OF **FEBRUARY 1ST**, WITH THE FOLLOWING EXCEPTION:

INSURANCE COMPANY LICENSES: DUE JANUARY 1ST, DELINQUENT AS OF MARCH 1ST

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.