

CITY OF MOBILE, ALABAMA BUSINESS APPLICATION

COMPLETE AND MAIL OR TAX TO:

CITY OF MOBILE
REVENUE DEPARTMENT
PO BOX 3065
MOBILE, AL 36652-3065

(251) 208-7462 FAX (251) 208-7954

FORM OF OWNERSHIP (CHECK ONE)

SOLE PROP	PARTNERSHIP
CORPORATION	PROFESSIONAL
LLC	OTHER _____

***SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION**

PLEASE PRINT OR TYPE:

APPLICATION TYPE: NEW OWNER CHANGE NAME CHANGE LOCATION CHANGE

FEIN: _____ ST OF AL TAX # _____

LEGAL BUSINESS NAME: _____

TRADE NAME (IF DIFFERENT FROM ABOVE: _____

BUSINESS ACTIVITIES: (Description of business activity – i.e. Contractor, equipment rental, consulting, retail clothing sales, etc...) For Residential Rentals completion of page 2 required

PHYSICAL ADDRESS:

(STREET) (CITY) (STATE) (ZIP)

MAILING ADDRESS:

(STREET) (CITY) (STATE) (ZIP)

TELEPHONE: _____
(BUSINESS) (FAX) (HOME PHONE)

NAME FOR CONTACT PERSON: _____ PHONE # _____

CONTACT PERSON EMAIL ADDRESS (REQUIRED) _____

LIST NAMES OF OWNER(S), PARTNERS, OR OFFICERS (ATTACH SEPARATE SHEET IF NECESSARY)

<u>NAME</u>	<u>RESIDENCE ADDRESS</u>	<u>SSN</u>	<u>TITLE</u>
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DATE BUSINESS ACTIVITY INITIATED OR PROPOSED IN MOBILE: _____

NUMBER OF EMPLOYEES IN MOBILE _____

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 _____

FOR RESIDENTIAL RENTAL PROPERTY ONLY

PLEASE LIST ALL PROPERTY BY LOCATION:

**PROPERTY MGR/
CONTRACT AGENT**

RENTAL PROPERTY ADDRESS

EMAIL ADDRESS

**Business License #
(INTERNAL USE ONLY)**

PROPERTY MGR/ CONTRACT AGENT	RENTAL PROPERTY ADDRESS	EMAIL ADDRESS	<u>Business License #</u> <small>(INTERNAL USE ONLY)</small>

PLEASE ATTACHED SEPARATE SHEET IF NECESSARY

PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

PLEASE COMPLETE ALL AREAS OF THE FORM

FORM SHOULD BE TYPED OR PRINTED LEGIBLY

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)

AFTER COMPLETING THIS FORM IT CAN BE MAILED, SENT BY FAX, OR WHERE POSSIBLE, SENT BY ELECTRONIC MAIL TO THE MUNICIPALITY.

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 JANUARY 31, WITH THE FOLLOWING EXCEPTIONS:

ALCOHOLIC BEVERAGE LICENSE: DUE JANUARY 1, DELINQUENT AFTER JANUARY 15
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 IS 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.