Complete and return form to:
Revenue Department
P.O. Box 3065, Mobile, AL 36652-3065
Phone: 251-208-7462 Fax: 251-208-7954
Email: revenue@cityofmobile.com

Anticipated Start Date _____

BUSINESS LICENSE / TAX APPLICATION

Application Type: ☐ NEW ☐ NAME CHANGE ☐ OWNER CHANGE ☐ LOCATION CHANGE

BUSINESS INFORMATION

Legal Business Name:		
Principal Business Activity & Product:		
Will business be conducted under another name (DBA)? ○ NO ○ YES		
If DBA applies, please specify trade name (DBA):		
Physical Address (Where the business is physically located & doing business from):		
City:	State:	Zip Code:
Business Phone:	Cell Phone:	Email:
Contact Person & Title:	Phone:	Email:
Mailing Address:		
City:	State:	Zip Code:

Federal Tax ID (FEIN) #:	State of Alabama Tax #:

Business Structure / Form of Organization:

○ SOLE PROPRIETORSHIP ○ CORPORATION ○ LLC
○ PARTNERSHIP ○ NON-PROFIT CORPORATION ○ PROFESSIONAL ASSOCIATION
○ OTHER (Please specify): _____

FILL IN LAND/BUILDING INFO IF PHYSICAL LOCATION IS IN THE CITY OR IT'S POLICE JURISDICTION:

Land / Building ○ OWN ○ RENT	**If rent, provide a copy of lease & owner information below:**	
Property Owner Name:		Phone:
Address:		
City:	State:	Zip Code:

BUSINESS OWNER / APPLICANT INFORMATION

Owners, Partners or Officers (attach separate sheet if necessary): ***Copy of Driver's Licenses Must Be Provided***

Name:	Title:	Contact #:
Date of Birth:	Driver's License #:	SS #:
Address:		
City:	State:	Zip Code:
Name:	Title:	Contact #:
Date of Birth:	Driver's License #:	SS #:
Address:		
City:	State:	Zip Code:

BUSINESS LICENSE / TAX APPLICATION (PAGE 2)

LICENSING / APPLICABLE TAXES

Business Operated From: ○ HOME ○ STORE FRONT OR OFFICE

Physical Location: ○ CITY ○ POLICE JURISDICTION ○ OUTSIDE CITY LIMITS AND POLICE JURISDICTION

Tax Types:

☐ SALES TAX ☐ RENTAL TANGIBLE PERSONAL PROPERTY TAX ☐ BUSINESS LICENSE (ANNUAL)

☐ CONSUMER'S USE TAX ☐ LODGING TAX ☐ RENTING RESIDENTIAL PROPERTY

☐ SELLER'S USE TAX ☐ WINE TAX ***Please Complete Page 3 Property List***

☐ TOBACCO TAX ☐ LIQUOR PURCHASE TAX

Tax Filing Frequency (must match your State of AL filing frequency)**:**

○ MONTHLY ○ QUARTERLY ○ ANNUALLY ○ SEMI-ANNUALLY ○ OTHER

Business Type:

☐ RETAIL ☐ WHOLESALE ☐ CONTRACTOR ☐ SERVICE / PROFESSIONAL

☐ MANUFACTURER ☐ RENTAL (tangible goods) ☐ RENTAL PROPERTY ☐ OTHER

A separate application is needed if the business will be selling alcohol.

# of Employees _____ Enrolled in E-Verify? ○ Yes ○ No

If no, please visit www.e-verify.gov

CERTIFICATION AND SIGNATURE

By signing this license application, you certify that all information and statements provided herein are true and correct. You also certify, under penalty of perjury, that you are a US Citizen or are lawfully present in the US.
In addition, by signing below, you acknowledge that you cannot operate this business in the City of Mobile or its Police Jurisdiction until this business license application is approved and a business license is issued.

signature required:

Signature of Owner/Applicant: **Date:**

Printed Name: **Title:**

Name of person completing Application _____ **Title** _____

FOR HELP WITH CALCULATION OF LICENSE AMOUNT PLEASE CONTACT OUR OFFICE

LICENSE AND FEE CALCULATION

Effective Date:

Your Temporary Business License is good for 60 days Only.

After your first 60 days of business, a 60 day affidavit will be due. This will be used to project your annual gross which will be used in calculating the amount due for the first years business license.

You will receive a bill for any amount due less the initial amount paid.

IF YOU DO NOT TURN IN THE AFFIDAVIT AND OR PAY ANY ADDITIONAL AMOUNT DUE, YOU WILL BE OPERATING WITHOUT A LICENSE.

Note: All licenses expire Dec. 31st. To avoid penalty and interest all must be renewed prior to Feb. 1st. with the exception of insurance which must be renewed by March 1st.

	NAICS	
Minimum License Amount		$
Issue Fee		$ 10
Zoning Fee *$8.00*		$
Total Amount Due with Application:		$

If you need help with this application please contact 251-208-7462

APPLICATION REVIEW (OFFICE USE ONLY)

Code Compliance:	**Account #**
Application Reviewed By: Date:	**Date 60 day temp. Lic. Issued:**
Business License #	**Date 60 day affidavit due:**
Business License Issued By:	**Territory -** _____

FOR RESIDENTIAL RENTAL PROPERTY ONLY

PLEASE LIST ALL PROPERTY BY LOCATION:

(Office Use Only)

Property Manager/Contract Agent	Rental Property Address:	Email Address:	License #