

# City of Jasper, Alabama

400 W 19<sup>th</sup> St • PO Box 1589

Jasper, AL 35502

Phone: 205-221-8533

Fax: 205-221-8528

license@jaspercitey.com

For Office Use Only

Date Processed: \_\_\_\_\_

Account #: \_\_\_\_\_

License #: \_\_\_\_\_

## APPLICATION FOR CITY BUSINESS LICENSE

### CHECK THE TAXES FOR WHICH YOU ARE LIABLE.

#### LICENSES WILL NOT BE ISSUED WITH DELINQUENT TAXES DUE.

- Sales Tax     Use Tax     Lodging Tax     Alcohol Tax     Tobacco Tax     Gasoline Tax  
 Renting/Leasing Commercial Property     Renting Residential Property     Rental Tangible Personal Property

### SELECT THE TYPE OF BUSINESS:

- Manufacturer     Wholesaler     Retailer     Construction     Financial, Insurance, Real Estate Transportation  
 Communications     Health Services     Public Utility     Restaurant     Other

DESCRIBE BUSINESS: \_\_\_\_\_

Sales Representative:  Yes  No    Delivery:  Common Carrier     Own Vehicle # of Vehicles \_\_\_\_\_

Date Business Began in Jasper: \_\_\_\_\_ Estimated Annual Gross Receipts: \_\_\_\_\_ For Calendar Year: \_\_\_\_\_

### SELECT THE TYPE OF BUSINESS:

- Corporation     Limited Liability Company (LLC)     Professional Association     Partnership     Sole Proprietorship     Other

Legal Business Name: \_\_\_\_\_

Trade Name (D/B/A): \_\_\_\_\_

### LOCATION OF BUSINESS:

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (local): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### GIVE INFORMATION BELOW, WHERE APPLICABLE:

Federal Tax ID # or Social Security Number: \_\_\_\_\_ AL State Sales Tax #: \_\_\_\_\_

Walker County Health Permit #: \_\_\_\_\_ State Cosmetology License #: \_\_\_\_\_

Contractors: Electrical Masters Card #: \_\_\_\_\_ Plumbers Master Card #: \_\_\_\_\_

HVAC Card #: \_\_\_\_\_ Landscapers Card #: \_\_\_\_\_

Home Builders Certificate #: \_\_\_\_\_ State General Contractor #: \_\_\_\_\_

### ADDITIONAL INFORMATION:

Date business activity initiated or proposed in Jasper: \_\_\_\_\_

Number of employees working in Jasper only: Full Time Employees: \_\_\_\_\_ Part-time Employees: \_\_\_\_\_

Internet sales:  Yes  No    Estimated gross receipts: \$ \_\_\_\_\_

THE ISSUANCE OF THIS BUSINESS LICENSE SHOULD NOT BE CONSIDERED AS APPROVAL  
BY THE CITY OF THE LICENSEE'S LOCATION FOR ZONING PURPOSES.  
COMPLETE THE SECTION THAT APPLIES TO THE TYPE OF ORGANIZATION

**CORPORATION (ATTACH ADDITIONAL SHEET IF NECESSARY)**

NAME/ADDRESS OF ALL OFFICERS OF CORPORATION	TITLE	PHONE NUMBER	SOCIAL SECURITY NUMBER

DATE OF INCORPORATION: \_\_\_\_\_

LOCATION OF INCORPORATION: STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**PARTNERSHIP (ATTACH ADDITIONAL SHEET IF NECESSARY)**

NAME/ADDRESS OF ALL PARTNERS	TITLE	PHONE NUMBER	SOCIAL SECURITY NUMBER

DATE OF FORMATION OF PARTNERSHIP: \_\_\_\_\_

**SOLE PROPRIETOR**

NAME/ADDRESS OF OWNER	TITLE	PHONE NUMBER	SOCIAL SECURITY NUMBER

**License Fees:**

List in the spaces below the NAICS code, gross receipts and the calculated fee amounts for each type of license required for your business activity. You may attach a separate sheet of paper if more space is needed. See Municipal Code for schedule numbers, license fees, penalties, interest and computations.

NAICS Code	Description	Schedule	Amount Due Per Schedule
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Subtotal due \$ \_\_\_\_\_

Penalty \$ \_\_\_\_\_

Issuance fee \$ \_\_\_\_\_ **12.00**

Interest \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

**SWORN STATEMENT: PLEASE COMPLETE THE SWORN STATEMENT BELOW:**

I, \_\_\_\_\_, hereby swear that the amount of gross receipts required for disclosure in order to obtain a City of Jasper Business License under NAICS # \_\_\_\_\_ are in the amount of \$ \_\_\_\_\_. I understand that the City of Jasper, or its auditors, may require proof as to the actual amount sworn to above and that the City of Jasper may require submission of books of accounts for inspection and examination.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_