

City of Jasper, Alabama

400 W 19th 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

Application Type: NEW NAME CHANGE OWNER CHANGE LOCATION CHANGE FOR YEAR _____

BUSINESS AND CONTACT INFORMATION

BUSINESS STRUCTURE / FORM OF ORGANIZATION:

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

Legal Business Name: _____

Trade Name (D/B/A): _____

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

Business Operated From: Home Store Front or Office Located in the Jasper city Limits? _____

Physical Address (Where business is physically located): _____ City: _____ St: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Business Phone Number: _____ Fax Number: _____

Contact Person: _____ Phone Number: _____ Email Address: _____

Is listed contact person authorized to discuss business license/tax accounts with city personnel? yes no

Complete if business is located within city limits: Building/Land: Own Rent/lease If rental/lease, provide owner information below:

Property Owner Name: _____ Address: _____ Phone: _____

BUSINESS TYPE:

Manufacture Wholesale Retail Building Contractor Service Rental Professional Other

Description of Business: _____

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

Date Business Began in Jasper: _____ Number of employees working in Jasper only: _____ Full Time: _____ Part-time: _____

CHECK THE TAXES FOR WHICH YOU ARE LIABLE: (LICENSES WILL NOT BE ISSUED WITH DELINQUENT TAXES DUE.)

Sales/Use Tax Lodging Tax Alcohol Tax Tobacco Tax Gasoline Tax Rental

STATE/COUNTY PERMITS, CERTIFICATES OR LICENSES (GIVE INFORMATION BELOW, WHERE APPLICABLE AND PROVIDE A COPY WITH YOUR APPLICATION)

Walker County Health Permit #: _____ State Cosmetology License #: _____

Contractors: Electrical Masters Card #: _____ Plumbers, Gas, Refrigeration Master Card #: _____

HVAC Card #: _____ Landscapers Card #: _____

Home Builders License #: _____ General Contractor #: _____

Roofers License #: _____ Fire Marshal Permit #: _____

Other State Certifications/Licenses: _____

**THE ISSUANCE OF THIS BUSINESS LICENSE SHOULD NOT BE CONSIDERED AS APPROVAL
BY THE CITY OF THE LICENSEE'S LOCATION FOR ZONING PURPOSES.**

BUSINESS OWNER / APPLICANT INFORMATION

OWNERS, PARTNERS OR OFFICERS (attach separate sheet if necessary)

Copy of Driver Licenses Must Be Provided

Name:	Title:	Contact #:
Date of Birth:	Drivers License #:	SS#:
Address:		
City:	State:	Zip:

Name:	Title:	Contact #:
Date of Birth:	Drivers License #:	SS#:
Address:		
City:	State:	Zip:

CALCULATION OF 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. See municipal code at jaspercity.com for schedule numbers, license fees, penalties, interest and computations.

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

Subtotal due \$ _____

Penalty \$ _____

(\$10 issuance fee for delivery licenses) Issuance fee \$ 12.00

Interest \$ _____

(20 cent decal fee for each vending, amusement machine, delivery vehicles, etc) Decal Fee \$ _____

TOTAL AMOUNT DUE \$ _____

(Make checks payable to City of Jasper)

SWORN STATEMENT: PLEASE COMPLETE THE SWORN STATEMENT BELOW:

(PRINTED NAME)

I, _____ hereby swear that the information above is true and correct and the amount of gross receipts as required for disclosure in order to obtain a business license has been examined by me and to the best of my knowledge is true, correct, and complete. 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: _____ Title: _____ Date: _____

Person Completing Application: _____ Phone: _____