

CITY OF ATHENS, ALABAMA NEW BUSINESS APPLICATION

P.O. Box 1089, Athens, AL 35612

(256) 233-8003 phone

(256) 233-8721 fax

Business Name _____

Business Owner _____

DBA Name _____

Business Phone _____

Mailing Address (include suite or lot #) _____

Physical Address _____

Type of Business _____

IS THE BUSINESS PHYSICALLY LOCATED: INSIDE THE CITY LIMITS OUTSIDE THE CITY LIMITS

IF STATE REGULATED, LIST: State Permits #'s (ie: food) and/or State Certification #'s (ie: contractors**)

(Copies of certificates must be presented in order to obtain license)

****ALL CONTRACTORS MUST PROVIDE CERTIFICATE OF LIABILITY INSURANCE WITH THE 'CITY OF ATHENS' LISTED AS CERTIFICATE HOLDER.**

FIRST YEAR ESTIMATE OF GROSS RECEIPTS: \$ _____

The first year a business is licensed by the City of Athens, the license fee is based on a first year estimate. A first year estimate is defined as a good faith estimate of anticipated gross receipts (total sales, including retail, wholesale, service and other miscellaneous fees) for a full year (twelve months).

CONTACT INFORMATION

Name of Authorized Contact Person _____

Telephone Numbers: Home_(____) _____ Cell_(____) _____

Office (_) _____ e-mail address _____

Address of Contact Person _____

THE INFORMATION PROVIDED ON THIS APPLICATION IS A TRUE AND COMPLETE REPRESENTATION OF THE ABOVE – NAMED ENTITY AND PERSON(S) LISTED.

SIGNATURE

PRINT NAME

DATE

CITY USE ONLY

LICENSE CODE _____

DESCRIPTION _____

CO ATTACHED ___ YES ___ NO

LICENSE FEE \$ _____

ISSUANCE FEE _____

PENALTY _____

INTEREST _____

TOTAL \$ _____

Fee Schedule may be viewed on our website: www.athensal.us