

# CITY OF HOMEWOOD, ALABAMA • APPLICATION FOR BUSINESS LICENSE

A Business License must be obtained and zoning approved before engaging in any business or having an office of any kind in The City of Homewood.

- Please Print or Type -- See Reverse Side for Instructions and Further Information -

Complete and Mail / Hand Deliver Original  <b>CITY OF HOMEWOOD</b> Business License Department P.O. Box 59666 • Homewood, Alabama 35259  Hedy Fitts, Revenue Clerk (205) 332-6111
---

Applicant Complete This Box  FEIN _____ State of AL Tax # _____  <b>Form of Ownership</b> (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Professional Assoc. <input type="checkbox"/> Other _____
--

**Application Type:** (check one)    New    Owner Change    Name Change    Location Change

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

**Trade Name:** (If different from above) \_\_\_\_\_

**Business Activities:** (Brief description - Retail clothing sales, wholesale food sales, rental of industrial equipment, computer consulting, etc.)  
 \_\_\_\_\_

If your company makes deliveries into Homewood, how is it shipped?    Company Vehicle    Common Carrier    UPS    Other/Specify \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Telephone:** \_\_\_\_\_  
(Business) (Fax) (Home) (Cell)

**Contact Person:** \_\_\_\_\_  
(Full Name) (Phone) (e-mail)

If there is to be any limitation to the liability and responsibility for any officer, partner, or individual of this Business for license fees, taxes, or any liability accruing to the City of Homewood, then please give the **full name** and **address** of that person and the **reason** for the limitation of liability and responsibility:  
 \_\_\_\_\_

**List Following for Owner(s), Partners, or Officers** (Attach separate sheet if necessary)

(Full Name)	(SSN)	(Title)	(Residence Address)	(Phone)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Date Business Activity Initiated or Proposed in Homewood:** \_\_\_\_\_ **# of Employees in Homewood** \_\_\_\_\_

The person(s) executing this Business License Application must designate the capacity in which this application is accomplished; that is, "Owner", "General Partner", "Limited Partner", "President", or "Secretary-Treasurer". A business entity other than a sole proprietorship must be signed for in other than an individual capacity. The person(s) executing this Application further acknowledge the legal responsibility to promptly notify the City of Homewood upon the modification of or the need to add to any of the foregoing information.

**I CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT:**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

<b>THIS AREA FOR MUNICIPAL USE ONLY</b>	
<b>Account ID #</b> _____	<b>Physical Location:</b> <input type="checkbox"/> City <input type="checkbox"/> Outside City
<b>Zoning Classification:</b> _____ <b>Authorized by:</b> _____	<b>Building Approval</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Tax Types:</b> <input type="checkbox"/> Lodgings <input type="checkbox"/> Alcohol <input type="checkbox"/> Business License	<b>Fire Code</b> <input type="checkbox"/> _____
<b>Certification Requirements:</b> <input type="checkbox"/> LIQ Bond <input type="checkbox"/> Elec / Plumber Bond <input type="checkbox"/> Master Card <input type="checkbox"/> Other _____	
<b>Business Type:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Building Contractor <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturer <input type="checkbox"/> Rental <input type="checkbox"/> Other _____	

**PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM**

- PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE SHADED AREA AT THE BOTTOM.
- FORM SHOULD BE TYPED OR PRINTED LEGIBLY
- FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS
- 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)

⇒ 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 (or February 15), WITH THE FOLLOWING EXCEPTIONS:

INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1

---

This form is intended as a simplified, standard mechanism for businesses 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 are 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 MORE DETAILED EXPLANATION.