

APPLICATION TYPE:

- BUSINESS LICENSE
- RENEWAL BUSINESS LICENSE
- DELIVERY LICENSE ONLY
- BUSINESS NAME CHANGE
- CHANGE OF OWNERSHIP
- LOCATION/ADDRESS CHANGE

CITY OF OWENS CROSS ROADS

9032 Hwy 431 South, PO Box 158

Owens Cross Roads, AL 35763

Phone: 256-725-5164 Fax: 256-725-4092

APPLICATION FOR BUSINESS LICENSE

DO NOT COMPLETE THIS SECTION

DATE REC'D: _____

REC'D BY: _____

Payment method: _____

Amount: _____

LEGAL BUSINESS NAME: _____

FEIN #: _____ D.B.A. (IF DIFFERENT THAN ABOVE): _____

ORGANIZATION TYPE: CORPORATION LLC PARTNERSHIP SOLE PROPRIETOR

MAILING ADDRESS: _____

STREET CITY STATE ZIP

PHYSICAL ADDRESS: _____

STREET CITY STATE ZIP

EMAIL ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____

NAME OF CONTACT: _____ PHONE: _____

LIST OF OWNER(S), PARTNERS, OR OFFICERS (ATTACH SEPARATE SHEET IF NECESSARY)

NAME	TITLE	PHONE

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DESCRIPTION OF WORK: _____

NUMBER OF EMPLOYEES: _____

Estimated gross receipts: \$ _____

EACH BUSINESS MUST REQUEST A CERTIFICATE OF LIABILITY (COI) FROM THEIR INSURANCE PROVIDER AND HAVE IT DELIVERED DIRECTLY TO OWENS CROSS ROADS CITY HALL, PO BOX 158, OWENS CROSS ROADS, AL 35763. **CITY OF OWENS CROSS ROADS MUST BE LISTED AS THE CERTIFICATE HOLDER.**

CONTRACTOR INFO:

Date work begins: _____ Contract amount: \$ _____

Job location: _____

If sub-contractor, Name of General Contractor: _____

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above-named entity, and person(s) listed.

Date: _____ Signature: _____ Title: _____