

CITY OF OWENS CROSS ROADS, ALABAMA

BUSINESS LICENSE APPLICATION

****CONFIDENTIAL****

APPLICANT COMPLETE THIS BOX

FEIN or SSN#: _____

ST OF ALABAMA TAX #: _____

FORM OF OWNERSHIP

Sole Prop. _____ Partnership _____

Corp. _____ Prof Assoc _____

LLC _____ Other _____



Mail or deliver to:
CITY OF OWENS CROSS ROADS

PO BOX 158

9032 HWY 431 SOUTH

OWENS CROSS ROADS, AL 35763

TERESA.CARPENTER@OWENSCROSSROADSAL.GOV

(256) 725-5164

APPLICATION TYPE: NEW _____ RENEWAL _____ OWNER CHANGE _____ ADDRESS/LOCATION CHANGE _____ OTHER _____

LEGAL BUSINESS NAME: _____ TRADE NAME (DBA): _____

PHYSICAL ADDRESS: _____
(Street) (Apt, Suite, etc.) (City) (State) (Zip)

MAILING ADDRESS: _____
(Street) (Apt, Suite, etc.) (City) (State) (Zip)

TELEPHONE: _____
(Business) (Fax) (Home Phone)

PERSON WHO COMPLETED APPLICATION: _____ PHONE #: _____

EMAIL ADDRESS: _____

BUSINESS ACTIVITIES: _____

(Brief description- Retail clothing sales, wholesale food sales, rental of property, computer consulting, etc.)

BUSINESS CONTACT INFORMATION

(Provide the information below for all principal business contacts. Please provide an attachment with any additional officers if necessary.)

CONTACT 1

CONTACT 2

CONTACT 3

NAME: _____

TITLE: _____

PHONE: _____

EMAIL: _____

DATE BUSINESS ACTIVITY INITIATED OR PROPOSED IN OWENS CROSS ROADS: _____ # OF EMPLOYEES: _____

DRIVER'S LICENSE INFO OF APPLICANT *(Attach Copy)*

Driver's License #: _____ Expiration Date: _____

Date: _____ Signature: _____ Title: _____

CONTRACTORS

MUST send a copy of current State contractor's license, and any certification pertinent to your field. General Contractors must be licensed by the State of Alabama Board of General Contractors. Home Builders and other contractors must be properly licensed or certified as required by law.

All contractors must provide a list of all subcontractors and suppliers with contact information. (Including name, address and phone number)

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.

**LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31 WITH THE FOLLOWING EXCEPTIONS:
INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1**

MOST COMMON FEE SCHEDULES

<p style="text-align: center;"><u>GENERAL LICENSE RATE</u> \$100 + \$14 ISSUANCE FEE</p>	<p style="text-align: center;"><u>RENTAL PROPERTY LICENSE</u> \$100 + \$20 PER HOUSE + \$14 ISSUANCE FEE</p>	<p style="text-align: center;"><u>DELIVERY LICENSE RATE</u> UP TO \$10,000 – NO LICENSE REQUIRED \$10,001 TO \$74,999 - \$100 + \$10 ISSUANCE \$75,000 TO \$124,999 - \$200 + \$10 ISSUANCE \$125,000 TO \$174,999 - \$300 + \$10 ISSUANCE \$175,000 TO \$249,999 - \$400 + \$10 ISSUANCE OVER \$250,000 - \$400 + \$1 PER \$1k IN EXCESS OF \$250,000</p>	
<p style="text-align: center;"><u>INSURANCE LICENSE FIRE & MARINE</u> 4% OF GROSS RECEIPTS + \$14 ISSUANCE FEE</p>	<p style="text-align: center;"><u>INSURANCE LICENSE OTHER</u> 1% OF GROSS RECEIPTS + \$10 + \$14 ISSUANCE FEE</p>	<p style="text-align: center;"><u>GENERAL CONTRACTORS WITH GROSS ANNUAL SALES OVER \$100k INSIDE CITY LIMITS</u> \$150 + \$14 ISSUANCE FEE</p> <p style="text-align: center; font-size: small;">Under \$100k = General License Rate + \$14 Issuance fee</p>	<p style="text-align: center;"><u>SUBDIVISION & RETAIL SITE DEVELOPERS</u> \$250 + \$14 ISSUANCE FEE</p>

FEE BASED ON ABOVE SCHEDULE	
15% LATE PENALTY DUE AFTER JANUARY 31	
ADDITIONAL 15% DUE AFTER 60 DAYS	
ISSUANCE FEE (\$14 GENERAL; \$10 DELIVERY)	
TOTAL DUE	

***REQUIRED* BUSINESS LICENSE SIGNATURE**

The undersigned person declares that under the penalties of perjury the renewal for this license has been examined and to the best of their knowledge believes it is a true, accurate, and complete statement. The undersigned also declares that under the penalties of perjury he/she is a legal resident and/or citizen of the United States of America and has attached supporting documentation.

SIGNATURE: _____ DATE: _____

*With complete information provided, your **City of Owens Cross Roads Business License** will be mailed to you **within 30 days** of receipt of your payment.*

PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

- Please complete all areas of the form except for the shaded area.
- Form should be typed or printed legibly.
- Form should be dated and signed by an owner, partner, or officer of the business.
- **All businesses must provide a COI from their insurance provider.**
- Completed form will initiate the process for registering or renewing your business with the municipality.

****COMPLETE SEPARATE FORMS FOR EACH PHYSICAL LOCATION IN THE CITY OF OWENS CROSS ROADS****

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 a more detailed explanation.

THIS AREA FOR MUNICIPAL USE ONLY

AMOUNT PAID: _____ PAYMENT TYPE: _____ DATE RECEIVED: _____

NAICS #(s): _____ BUSINESS LICENSE #: _____

APPROVED DENIED