

**CITY OF MONROEVILLE**  
**P O BOX 147**  
**MONROEVILLE, ALABAMA 36461**  
**PHONE: (251) 575-2081 FAX: (251) 743-3547**  
**APPLICATION FOR BUSINESS LICENSE**

BUSINESS NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

CHECK ONE: ( ) CORPORATION ( ) SOLE PROPRIETORSHIP ( ) PARTNERSHIP ( ) OTHER (SPECIFY) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DBA: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHYSICAL LOCATION OF BUSINESS: \_\_\_\_\_

OWNER: \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

OFFICER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

STATE SALES TAX # \_\_\_\_\_ SS # \_\_\_\_\_ EMPLOYER ID # \_\_\_\_\_

TYPE OF BUSINESS: ( ) MANUFACTURING ( ) CONSTRUCTION ( ) PROFESSIONAL ( ) SERVICE

( ) RETAIL SALES CONSUMER ( ) SALES FOR RESALE/WHOLESALE ( ) OTHER \_\_\_\_\_

GIVE BRIEF DESCRIPTION OF BUSINESS \_\_\_\_\_

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MY LICENSE CAN BE REVOKED FOR ANY FALSE STATEMENT MADE HEREIN.

|                    |                |               |
|--------------------|----------------|---------------|
| _____<br>SIGNATURE | _____<br>TITLE | _____<br>DATE |
|--------------------|----------------|---------------|

-----DO NOT WRITE BELOW THIS LINE-----

LICENSE CODE \_\_\_\_\_ ( ) CITY

LICENSE NO \_\_\_\_\_ ( ) POLICE JURISDICTION

FIXED FEE \_\_\_\_\_

ADJ FEE \_\_\_\_\_ GROSS RECEIPTS \_\_\_\_\_

DELINQUENT FEE \_\_\_\_\_ TOTAL FEE \_\_\_\_\_

APPROVED:

\_\_\_\_\_  
ZONING ADMINISTRATOR

\_\_\_\_\_  
FIRE CHIEF

\_\_\_\_\_  
BUILDING OFFICIAL

\*\*\*PLEASE MAKE CHECKS PAYABLE TO THE CITY OF MONROEVILLE