

TOWN OF BERRY, ALABAMA BUSINESS APPLICATION

The Town Does Impose the Business License Tax in its Police Jurisdiction

Complete and Mail/Fax/Email To:

Town of Berry
30 School Avenue
Berry, AL 35546
205-689-4371 fax
townofberry@centurytel.net

(CONFIDENTIAL)

FEIN _____

ST of ALA TAX # _____

FORM OF OWNERSHIP (Check One)

Sole Prop. _____ Partnership _____

Corp. _____ Prof Assoc _____

LLC _____ Other _____

Please Print or Type

SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION

Application Type : **New** _____ **Owner Change** _____ **Name Change** _____ **Location Change** _____

Legal Business Name : _____

Business Activities:(Brief description- Retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc.) _____

Physical Address: _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

Mailing Address: _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

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

Name & Phone # for Contact Person _____ () _____

Date Business Activity Initiated or Proposed in Berry: _____ **# of Employees in Berry:** _____

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** _____

THIS AREA FOR MUNICIPAL USE ONLY

ACCOUNT ID # _____

REVIEWED BY: _____

PHYSICAL LOCATION: **City**

Police Jurisdiction

Tax Types: ? **Sales/Seller's Use** ? **Consumer Use** ? **Rental** ? **Lodgings** ?

Alcohol

? **Occupational** ? **Tobacco** ? **Gas/Motor Fuel**

? **Business License**

Tax Filing Frequency: ? **Monthly** ? **Quarterly** ? **Annual** ? **Other**

Business Type: ? **Retail** ? **Wholesale** ? **Building Contractor** ? **Service** ?

Professional ? **Manufacturer**

? **Rental** ? **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)

AFTER COMPLETING THIS FORM IT CAN BE MAILED, SENT BY FAX, OR WHERE POSSIBLE, SENT BY ELECTRONIC MAIL TO THE MUNICIPALITY.

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 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.