Make Check Payable To: CITY OF LIVINGSTON Mail to: P.O. DRAWER W Business License Dept. LIVINGSTON, AL 35470

APPLICATION FOR BUSINESS LICENSE

ALL FIELDS MUST BE COMPLETED

See Reverse Side for Instructions And Further Information

City of Livingston Due: January 1, 2012 Delq: February 15, 2012

2012 Business License Application

Application	Туре:	Renewal	New Busin	ess	Name Change	Owner C	hange	hange		
Form of Ow	nership (Check On	e): Sole Prop	Corp	D LLC Partr	nership Pro	fessional Assoc Othe	er		
RDS/AlaTax Acct NumberDate Business Activity Initiated/Pro							posed:Number of Employees:			
Legal Busin	ess Name	ə:	FEIN/Social Security #							
Trade Name	/ DBA:				(If differ	ent from legal na	ame.)			
Business Ty	/pe:	Retail	Wholesale Bldg C		ontractor Sei	rvice Pro	ofessional Manufac	turer Re	ental	
	(Other								
Wailing Address:(Street		Street)	(City)			(State) (Zip)				
Physical Address:		,								
		Street)	(City)			(State) (Zip)				
Telephone:		Business)) (Home)			(Cell) (Fax)				
Name/Phon	e # for Co	ontact Per	son:		(·)	Title			
List Names	of Owne	rs(s), Part	ners, or Officers	(Attach	Separate Sheets i	f Necessary)				
Name			Residence Address			SSN Title				
	business iction.						sically located in the po if applicable. Please ch	neck this box		
Section Number	Type of	License	Gross Recei (Required		Unit Amount (if applicable)	Flat/Base Fee	Additional Amount Du Calculatio		License Fee Due	
Penalty In month the		Penalty Due	e February 15 th p	lus 1% in	iterest, Additional	15% Penalty I	Due March 16th plus 1%			
								Issuance Fee: Total Due:	\$10.00	
MUST relist the b	eport the ease/flat fe E and F i	applicable ee. In Colo n Column	amount requeste umn F, you must G. Total Colum	ed. Colur report yo n G down	nn D, only applie our additional amon n and include all a	s to those who ount due based applicable pen	the type(s) of business of see fee is based upon a 'standard upon calculation of licalties and issuance fee. City Hall at 205-652-25	'number'' of u cense. Enter th	nits. Column E,	
							I fixtures or amount of s t of my knowledge is tru			
Date:			Signature	e:			Title:			
If a	all informa	tion is corr	ect, your busines	s license	will be mailed to y	ou within 30 c	lays of the receipt of you	ır payment.		

Please complete all areas of the form in full.

The form should be typed or printed legibly.

The form should be dated and signed by an owner, partner, or officer of the business.

The 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)

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 you have 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.