

CITY OF MOULTON, ALABAMA UNIFORM MUNICIPAL BUSINESS LICENSE APPLICATION

<p>Complete and Mail/E-Mail For classification and fee schedule</p> <p align="center">City of Moulton 720 Seminary Street Moulton, Al 35650</p> <p>Half fee imposed in Police Jurisdiction rsaint@moultoncity.com 256-974-3875 or 256-974-5191</p>	<p align="center">Application Type</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Renewal</p> <p><input type="checkbox"/> Owner Change</p> <p><input type="checkbox"/> Name Change</p> <p><input type="checkbox"/> Location Change</p>	<p align="center">Applicant Complete This Box</p> <p>FEIN _____</p> <p>ST of Ala Tax # _____</p> <p align="center">Form of Ownership (Check One)</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Sole Proprietor</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Professional</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> LLC</td> <td style="border: none;"><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional	<input type="checkbox"/> LLC	<input type="checkbox"/> Other
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<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional							
<input type="checkbox"/> LLC	<input type="checkbox"/> Other							

License renewals due Jan 1 & delinquent after Jan 31. Penalty applied after this date.

Legal Business Name: _____

Trade Name: (If different from above) _____

Business Activities: (brief desc.- example, retail clothing sales, wholesale food sales, rental of equip, computer consulting, etc. contractor type, type of service offered.

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

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

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

E-Mail: _____

Name/Phone # of Contact Person: _____ () _____

List Names of Owner(s), partners, or officers (Attach separate sheet if necessary)

(Name)	(Residence Address)	(SSN Sole Proprietor Only)	(Title)
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Date Business Activity Initiated or Proposed in Moulton _____ **Amount of Gross Receipts** _____

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:** _____

Per Act 2011-535, commonly referred to as the Alabama Immigration Act, proof of citizenship must be provided for all businesses owned by individuals or general partnerships, prior to the issuance of a license, Corporations, LLC's, LLP's are not required to submit to this documentation. Below is your declaration to The City of Moulton of your citizenship or lawful alien presence in the United States.

"Under penalty of perjury, I _____ (print name), the undersigned do hereby declare that I am a United States Citizen or I am an alien lawfully present in the United States.

Date: _____ **Signature:** _____

Business Type: ___ Retail ___ Wholesale ___ Building Contractor ___ Service ___ Professional ___ Manufacture
 ___ Rental ___ Other _____