



BUSINESS LICENSE APPLICATION
CITY OF MONTGOMERY, ALABAMA
 (334) 625-2036 FAX (334) 625-2994
www.montgomeryal.gov

RECEIPT NO. _____

RETURN TO:

CITY OF MONTGOMERY
 LICENSE AND REVENUE DIVISION
 P. O. BOX 5070
 MONTGOMERY AL 36103-5070

PLEASE PRINT OR TYPE

Application Type: ___ New ___ Add-on

FEIN _____

ST of AL TAX# _____

Mailing Name and Address

Forms of Ownership (Check One)

Sole Prop _____ Partnership _____

Corp _____ LLC _____

Trade Name: (If different from above) _____

Physical Location (Street Name and Number) Leave Blank if operating from a Residence

Business (_____) _____
 Home (_____) _____

List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Name	Residence Address	SSN	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Business Activity Initiated or Proposed in Montgomery: _____

Give a brief detail the nature of your business: _____

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.

Signature _____ Title _____ Date _____

ACCOUNT NO. _____ FOR MUNICIPAL USE ONLY LICENSE NO. _____

CODE	DESCRIPTION OF LICENSE	GROSS RECEIPTS	SCH	AMT OF LICENSE	FEE	TOTAL

PLEASE LET US HELP YOU - CALL 334-625-2036 FOR CORRECT AMOUNT OF LICENSE PAYMENT THAT IS DUE

ZONING (25 Washington Ave. 4th Floor 334-625-2722) _____

AREA NUMBER _____

FIRE (19 Madison Ave. 334-625-3916) _____

CITY SALES TAX NUMBER _____

INSPECTION (25 Washington Ave. 1st Floor 334-625-2073) _____