

Business License Application

MAIL TO: P.O. Box 5070, Montgomery, AL 36103-5070

CAPITAL OF DR	EAMS.							
	/ not commence operations (led until the city has inspect							
	ccupancy application is:	ed and approved the	propen	y for code compliand	ce. The link			
	ontgomeryal.gov/governmer	nt/city-government/ci	ty-depar	tments/inspections/	certificate-c	of-occupancy		
For assistance,	please contact the Inspection	ons Department at (33	<mark>34) 625</mark>	-2073 <mark>.</mark>				
Application Dat	e:	Date of initiated o	r propos	ed business activity:				
Business Inform	nation							
	ess:							
	655 65:							
OWN	RENT							
Nature of Busir	iess:							
	recent business/use at this							
	your business/use the same				No			
FEIN:		STATE OF	AL TAX #	ŧ:				
Forms of Owne	rship (check one): S	ole Prop Part	nership	Corp				
Business Owne	r Information							
	ess Owner:							
Mailing Address	S:							
Business Phone	e:	Home:	_Home:Cell:					
Email:								
	er Contact Information (Con				n of the busin	less.)		
	rty Owner:							
-	6:							
Phone:								
What is your ES	STIMATED gross receipts from	n now through Decem	ber 31s	^t of the current year?				
() Lunderstan	d that my business cannot b	egin operating until L	nave rec	eived a Certificate of		and have		
	ousiness license (if required)							
	rue and complete representa			•				
Signature of Applicant: Position or Title:								
		(OFFICE USE O	NLY)					
CODE	DESCRIPTION OF LICENSE	GROSS RECEIPTS	SCH	AMT OF LICENSE	FEE	TOTAL		

CODE	DESCRIPTION OF LICENSE	GR055 RECEIPTS	SCH	AIVIT OF LICENSE	FEE	TOTAL