

City of Fairfield, Alabama Business Application

The city does impose the business license tax in its police jurisdiction.

Complete and Return This Form To:

MAIL: The City of Fairfield
Revenue Department
P. O. Drawer 437
Fairfield, AL 35064

FAX: 205-783-6005

E-MAIL: licenseform@fairfieldal.us

(CONFIDENTIAL)

Applicant Complete This Box

Federal Employer Identification Number
(FEIN) _____

State of Alabama Tax # _____

FORM OF OWNERSHIP (Check One)

Sole Prop. _____ Partnership _____
Corporation _____ Prof Assoc. _____
LLC _____ LLP _____ Other _____

Please type or print clearly and complete fully to avoid processing delays. See reverse for instructions and further information.

Application Type: New Owner Change Name Change Location Change Update

Legal Business Name: _____

Trade Name: (If different from above) _____

Physical Address:

Street _____ City _____ State _____ Zip _____

Mailing Address:

Street _____ City _____ State _____ Zip _____

Telephone:

(_____) _____ (_____) _____ (_____) _____
Local Business Corporate Office Fax

Company Website / Facebook Page _____ **Contact Name** _____

Contact E-Mail Address _____ **Contact Phone** (_____) _____

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

List business owner(s), partner(s), and/or officer(s). Attach separate sheet if necessary.

Name	Title	Social Security Number	Residence Address

Date Business Activity Initiated or Proposed in Fairfield: ____ / ____ / ____ **Number of Employees in Fairfield** _____

I am authorized to complete this form and, to the best of my knowledge, all the information provided is a true and complete representation of the above named entity and person(s) listed.

Date _____ **Signature** _____ **Print Name** _____

- ⇒ If your business will have a physical location within the municipality please use that address on the front of this form, provide a copy of your lease or proof of building ownership, and submit a hand-drawn or mechanical schematic of the building use(s).
- ⇒ 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 (or February 15), with these exceptions:

Alcoholic Beverage License: Due January 1, delinquent after January 15
 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.

Please call 205-788-2492 if you have questions about this form or the licensing and/or registration process.

<u>For Fairfield City Office Use Only</u>	
Reviewed By: _____	Review Date: _____ License # _____
Physical Location: <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits	Zoning Classification: _____
Building Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	NAICS: _____ SIC: _____
Lic. Code 1: _____ Lic. Code 2: _____ Lic. Code 3: _____	Lic. Code 4: _____ Lic. Code 5: _____
<u>Tax Types:</u> <input type="checkbox"/> Sales/Seller's Use <input type="checkbox"/> Consumer Use <input type="checkbox"/> Rental <input type="checkbox"/> Occupational <input type="checkbox"/> Tobacco <input type="checkbox"/> Gas/Motor Fuel	<input type="checkbox"/> Lodgings <input type="checkbox"/> Alcohol <input type="checkbox"/> Business License
<u>Tax Filing Frequency:</u> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	<input type="checkbox"/> Other _____
<u>Business Type:</u> <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Building Contractor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Rental <input type="checkbox"/> Regulated	<input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Other _____