

PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THE FORM

COMPLETE ALL AREAS OF THE ABOVE FORM. FORM MUST BE TYPED OR LEGIBLY PRINTED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS.

THIS FORM INITIATES THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE CITY.

A SEPARATE FORM IS NEEDED FOR EACH PHYSICAL LOCATION IN THE CITY.

AFTER COMPLETING THIS FORM IT CAN BE MAILED, SENT BY FAX, OR, IF POSSIBLE ELECTRONIC MAIL.

UPON RECEIPT OF YOUR COMPLETED FORM THE CITY MAY PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS (IF ANY) TO YOU IN ORDER TO COMPLETE THE LICENSE PROCESS.

ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31, EXCEPT INSURANCE COMPANIES WHICH ARE DELINQUENT AFTER MARCH 1.

This form was developed by the State of Alabama and is intended as a simplified, standard mechanism for businesses to initiate contact with a municipality concerning their activities within that municipality. A business license will be required prior to engaging in business. If a business intends to maintain a physical location within the municipality there are normally zoning, building and fire code approvals required before the issuance of a business license.

In certain instances a business may simply be required to register with the municipality 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 THERE BE 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 MORE DETAILED EXPLANATIONS.

BUSINESS LICENSE APPLICATION
CITY OF MILLBROOK, ALABAMA
(334) 285-6428 phone (334) 285-6460 fax

NOTE: THE CITY OF MILLBROOK IMPOSES ITS BUSINESS LICENSE TAX WITHIN ITS POLICE JURISDICTION.

Complete this form and mail or fax to:

CITY OF MILLBROOK
BUSINESS LICENSE DIVISION
P O BOX 630
MILLBROOK, AL 36054
Fax (334) 285-6460

PLEASE PRINT OR TYPE
SEE ATTACHED PAGE FOR INSTRUCTIONS AND FURTHER INFORMATION

Application Type: New___ Owner Change___ Name Change___ Location Change___

LEGAL BUSINESS NAME _____ FEIN _____

TRADE NAME (If different from above) _____

STATE OF ALA TAX ID # _____

Mailing Name and Address

Forms of Ownership (Circle One):

Sole Proprietorship Partnership

Corporation Professional Assoc.

LLC Other

If "Other" Describe _____

Business Activities (Brief description – Example: retail, clothing sales, wholesale food sales, computer consulting, etc.)

Physical Address (Street, City, State, ZIP, County)

Phone Numbers & Email

Business () _____

Fax () _____

Home () _____

Email _____

List following for Owner(s), Partners, or Officers (Attach separate sheet if necessary). If Officers, list only the top five.

Name	Residence Address & Phone #	SSN Required (If not publicly traded)	TITLE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Business Activity Initiated or Proposed in Millbrook _____ Number of Employees in Millbrook _____

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 _____