

CITY OF JEMISON, ALABAMA BUSINESS LICENSE APPLICATION
THE City Does Impose the Business License Tax in its Police Jurisdiction

Complete and Mail/Fax To:	
CITY OF JEMISON P O BOX 609 JEMISON, AL 35085-0609	
(205)688-4492	Fax(205)688-1109

Applicant Complete This Box	
FEIN # _____	
ST of Ala. Tax# _____	
FORM OF OWNERSHIP (Check One)	
Sole Prop. _____	Partnership _____
Corp. _____	LLC _____
Prof. Assoc. _____	Other _____

Please Print or Type

Application Type: New _____ Owner Change _____ Name Change _____ Location Change _____

Legal Business Name : _____

Trade Name (If different from above) _____

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

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

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

Telephone _____
 (Business) (Fax) (Home Phone)

Name & Phone # for Contact Person _____

Email address for contact: _____

Gross Receipts for Proceeding Year: \$ _____. A \$12.00 Issuance fee will need to be added after your calculation of gross receipts.

Date Business Activity Initiated or Proposed in Jemison _____ # of Employees in Jemison _____

Physical Location: CITY _____ POLICE JURISDICTION _____ OUTSIDE CORP LIMITS & PJ _____

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 _____