

CITY OF HARTFORD, ALABAMA BUSINESS APPLICATION

(CONFIDENTIAL)

<p>Complete and Mail or Fax to:</p> <p align="center"> CITY OF HARTFORD 203 W. MAIN STREET HARTFORD, AL 36344 FAX: 334-588-3826 PHONE: 334-588-2245 </p>
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<p align="center">Applicant Complete This Box</p> <p>FEIN _____</p> <p>ST of Ala Tax # _____</p> <p align="center">Form of Ownership (Check One)</p> <p> <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Professional Assoc. <input type="checkbox"/> LLC <input type="checkbox"/> Other _____ </p>
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Please Print or Type

APPLICATION TYPE: NEW OWNER CHANGE NAME CHANGE LOCATION CHANGE UPDATE

Legal Business Name: _____

Trade Name (If different from above): _____

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

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

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

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

Name / Phone # for Contact Person: _____ () _____

List Names of Owner(s), Partners, or Officers (Attach separate sheet if Necessary)

Name	Residence Address	SSN	Title

Date Business Activity Initiated or Proposed _____ **# of Employees** _____

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** _____

THIS AREA FOR MUNICIPAL USE ONLY

ACCOUNT ID # _____	REVIEWED BY: _____
PHYSICAL LOCATION: <input type="checkbox"/> CITY <input type="checkbox"/> POLICE JURISDICTION <input type="checkbox"/> OUTSIDE CORP LIMITS & PJ	
ZONING CLASSIFICATION: _____ BUILDING APPROVAL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A FIRE CODE _____	
TAX TYPES: <input type="checkbox"/> SALES/SELLER'S USE <input type="checkbox"/> CONSUMER USE <input type="checkbox"/> RENTAL <input type="checkbox"/> LODGINGS <input type="checkbox"/> ALCOHOL	
<input type="checkbox"/> OCCUPATIONAL <input type="checkbox"/> TOBACCO <input type="checkbox"/> GAS/MOTOR FUEL <input type="checkbox"/> BUSINESS LICENSE	
TAX FILING FREQUENCY: <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER _____	
BUSINESS TYPE: <input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> BUILDING CONTRACTOR <input type="checkbox"/> SERVICE	
<input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> RENTAL <input type="checkbox"/> OTHER _____	