Mail or Fax Completed Form To:

RDS/AlaTax
Business License Dept.
PO Box 830725
Birmingham, Alabama 35283
Fax Number 205-423-4099
Rhone 800-556-7274

Application for Temporary Business License ALL FIELDS MUST BE COMPLETED Application Good for 30 Days from Date Signed Applicant must sign or the temporary license is invalid.

See Reverse Side for Instructions And Further Information

Name of Municipality:

Town of Elmore, AL

P. O. Box 204

Elmore, AL 36025

FEIN/S	ersnip Profession Professio	Number of Employees y # ressional	☐ Rental
FEIN/S	M/Social Security is ent from legal name.) Service Profe (State) (Cell)) s if Necessary) SSN	(Zip) (Fax) Title	☐ Rental
FEIN/S	M/Social Security is ent from legal name.) Service Profe (State) (Cell)) s if Necessary) SSN	(Zip) (Fax) Title	☐ Rental
(If different Serve Serve	ent from legal name.) Service Profe (State) (Cell)) s if Necessary) SSN	iessional Manufacturer (Zip) (Zip) (Fax) Title	☐ Rental
(City) (City) (Home) ers (Attach Separate Sheets if ence Address , to the best of my knowledgen and date this application with the server	(State) (State) (Cell)) s if Necessary)	(Zip) (Zip) (Fax) Title	☐ Rental
(City) (City) (Home) ers (Attach Separate Sheets if ence Address to the best of my knowledgen and date this application with the service of the service	(State) (State) (Cell)) s if Necessary)	(Zip) (Zip) (Fax) Title	
(City) (City) (Home) ers (Attach Separate Sheets if ence Address to the best of my knowledgen and date this application with the second se	(State) (State) (Cell)) s if Necessary) SSN	(Zip) (Zip) (Fax) Title	
(City) (Home) ers (Attach Separate Sheets if ence Address to the best of my knowledgen and date this application with the second sec	(State) (Cell)) s if Necessary) SSN	(Zip) (Fax) Title	
(City) (Home) ers (Attach Separate Sheets if ence Address , to the best of my knowledgen and date this application with the second s	(State) (Cell)) s if Necessary) SSN	(Zip) (Fax) Title	
(City) (Home) ers (Attach Separate Sheets if ence Address , to the best of my knowledgen and date this application with the second s	(Cell))s if Necessary) SSN	(Fax) Title Title	
(Home) ers (Attach Separate Sheets if ence Address , to the best of my knowledgen and date this application with the second se	(Cell))s if Necessary) SSN	Title	
ers (Attach Separate Sheets if ence Address , to the best of my knowledge n and date this application w	s if Necessary)	Title	
ers (Attach Separate Sheets if ence Address , to the best of my knowledgen and date this application w	s if Necessary) SSN	<u>Title</u>	
ers (Attach Separate Sheets if ence Address , to the best of my knowledgen and date this application w	s if Necessary) SSN		
, to the best of my knowledgen and date this application w	<u>SSN</u>		
, to the best of my knowledge n and date this application w			
	dge, a true and co will make the app		
ture:		annerul sansi Pepaaniki iki	TOLIS MEDITAL THUS IN THE
Limits ☐Police Jurisdiction e normal rate.	tion	Corporate Limits & PJ **Remin	and the second of the second o
Column	Column	}	
umn Column C D	E		J.,
n n	t Flat/Base	Additional Amount Due Based C Calculation	Due
C D Unit Amount	t Flat/Base	Additional Amount Due Based C	Due
C D Unit Amount	t Flat/Base e) Fee	Additional Amount Due Based C	Due
C D Unit Amount	t Flat/Base e) Fee	Additional Amount Due Based C	Fee:
E DC	OWN: Use below chart in o schedule you may view hitsPolice Jurisdic rmal rate.	DWN: Use below chart in order to calculate but schedule you may view it at www.alatax.com its Police Jurisdiction Outside rmal rate. Column Column	Title:

- Please complete all areas of the form in full.
- The form should be typed or printed legibly.
- The form should be dated and signed by an owner, partner, or officer of the business.
- The form will initiate the process for registering your business with the municipality.

If your business will have a physical location within the municipality, please use that address on the front of this form. (Complete separate forms for each physical location in the city)

After completing this form it can be mailed, sent by fax or where possible, sent by electronic mail to the

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 license process and collect fees

All license renewals are due January 1 and delinquent February 1, with the exception of insurance company licenses which are due January 1, delinquent March 2.

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

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 you have 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 a more detailed