| The City Does Impose the Business License Tax in its Police Jurisdiction  |                               |                            |                        |                        |                                 |  |  |  |  |
|---|-------------------------------|----------------------------|------------------------|------------------------|---------------------------------|--|--|--|--|
| (CONFIDENTIAL)  |                               |                            |                        |                        |                                 |  |  |  |  |
| Complete and Mail/Fax/Email To:   |                               |                            |                        | Applicant FEIN ST of   | Complete This Box               |  |  |  |  |
| CITY OF ODENVILLE PO BOX 113  |                               |                            |                        |                        | WNERSHIP(CheckOne)              |  |  |  |  |
| ODENVILLE, AL 35120   |                               |                            |                        |                        |                                 |  |  |  |  |
| sevans@cityofodenville.net  |                               |                            |                        | Sole Prop              | Partnership Prof Assoc          |  |  |  |  |
| (205)629-0811 Fax   | c (205)629-2984               |                            |                        | LLC                    | Other                           |  |  |  |  |
| Please Print or Type  SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION  Application Type: New Owner Change Name Change Location Change |                               |                            |                        |                        |                                 |  |  |  |  |
| Legal Business Name :   | -                             |                            |                        |                        |                                 |  |  |  |  |
| Trade Name: (If different   | from above)                   |                            |                        |                        |                                 |  |  |  |  |
| •   |                               | thing sales, wholes        | ale food sales, renta  | al of industrial eq    | uip., computer consulting, etc) |  |  |  |  |
|   |                               | 9 caree,e.                 |                        |                        |                                 |  |  |  |  |
|   |                               |                            |                        |                        |                                 |  |  |  |  |
| Physical Address:   | (Street)                      |                            | City)                  | (Sta                   | ate) (Zip)                      |  |  |  |  |
| Mailing Address:  | (64.504)                      |                            | ony)                   | (010                   | (2.10)                          |  |  |  |  |
|   | (Street)                      | (                          | City)                  | (Sta                   | ite) (Zip)                      |  |  |  |  |
| Telephone:  | ( <u>Business</u> )           | (                          | <u>Fax)</u>            | (Ho                    | me Phone)                       |  |  |  |  |
|   |                               |                            |                        |                        |                                 |  |  |  |  |
| Name & Phone# for Conta   | -                             |                            |                        | ()                     |                                 |  |  |  |  |
| Email address for contact   | · ·                           |                            |                        |                        |                                 |  |  |  |  |
| List Following for Owner  | ` '                           |                            |                        | • .                    | 11/22015-001                    |  |  |  |  |
| Name F  | Residence Address             | <u>`</u>                   | SSN (if not publicly   | traded co.)            | <u>Title</u>                    |  |  |  |  |
|   |                               |                            |                        |                        |                                 |  |  |  |  |
| Date Business Activity In   |                               |                            | us and complete repres | contation of the above | to named antity, and person(c)  |  |  |  |  |
| listed.   | ined by the and is, to the be | stormy knowledge, a tr     | ue and complete repres | sentation of the abov  | e named emity, and person(s)    |  |  |  |  |
| Date  | Signature                     |                            |                        | Title                  |                                 |  |  |  |  |
| THIS AREA FOR MUNICIPAL USE ONLY  |                               |                            |                        |                        |                                 |  |  |  |  |
| ACCOUNT ID#   |                               |                            |                        | REVIEWED B             | Y:                              |  |  |  |  |
| PHYSICAL LOCATION:  | CITY                          | ☐ POLICE JURIS             | SDICTION               | OUTSID                 | E CORP LIMITS & PJ              |  |  |  |  |
| ZONING CLASSIFICATION: BUILDING APPROVAL: ☐ YES ☐ NO ☐ N/A FIRE CODE ☐  |                               |                            |                        |                        |                                 |  |  |  |  |
| Tax Tyees:  | s/Seller's Use                | Consumer Use               | Rental                 | Lodgings               | Alcohol                         |  |  |  |  |
| - Occu  | ipational 📋                   | Tobacco                    | Gas/Motor Fu           | iel                    | Business License                |  |  |  |  |
| Tax Filing Frequency:   | ☐ Monthly                     | Quarterly                  | ☐ Annual               | Other                  |                                 |  |  |  |  |
|   | etail                         | ale □ Building<br>□ Rental | Contractor             | □ Service □ Other □    | □ Professional                  |  |  |  |  |

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## PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE SHADED AREA AT THE BOTTOM. FORM SHOULD BE TYPED OR PRINTED LEGIBLY. FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS. 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 MUNICIPALITY.

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, WITH THE FOLLOWING EXCEPTIONS: INSURANCE COMPANY LICENSE: DUE JAN. 1, DELINQUENT AFTER MAR. 1

This form is intended as a simplified, standard mechanism tor 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 tor 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 tor 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 EXPLANATION.

SECTION 15 - It shall be unlawful for any person, firm, corporation, company association of profession to engage in any business, vocation, occupation, profession or perform any act in the City of Odenville and/or within the police jurisdiction thereof, as provided in this ordinance without having first procured license thereof, and each day during which said business, vocation, occupation, profession or act is engaged in shall constitute a separate office.

SECTION 29 - Any person, firm, or corporation failing, neglecting or refusing to have the Town license required under this ordinance posted conspicuously at the place of business for which the license was obtained or to have the same duplicate thereof in actual possession if an itinerant, shall pay an additional tax of \$25.00 each and every separate offense and each days failure, neglect or refusal shall constitute a separate offense.

| l,                         | (Owner/Rep), doing bus  | iness in Odenvill | lle and/or police ju | urisdiction, h | ave read the |
|----------------------------|-------------------------|-------------------|----------------------|----------------|--------------|
| above sections of the lice | nsing ordinance approve | ed October 23, 19 | 978, of the City of  | of Odenville,  | Alabama.     |