

**CITY OF MOUNTAIN BROOK, ALABAMA BUSINESS APPLICATION**  
**The city does not impose a business license tax in its police jurisdiction**

**(CONFIDENTIAL)**

**Complete and Mail/Fax to:**

City of Mountain Brook  
P.O. Box 130009  
Mountain Brook AL 35213  
Phone (205)802-2400  
Fax (205)870-3590

**Estimated Gross receipts  
through Dec 31<sup>st</sup>:**

**\$ \_\_\_\_\_**  
(for gross receipts based licenses)

**RV ACCOUNT # \_\_\_\_\_**

**NAICS \_\_\_\_\_**

**Form of Ownership (Check One)**

- |                                          |                                              |
|------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership         |
| <input type="checkbox"/> Corporation     | <input type="checkbox"/> Professional Assoc. |
| <input type="checkbox"/> LLC             | <input type="checkbox"/> Other _____         |

**APPLICATION TYPE:**    New \_\_\_\_    Location Change \_\_\_\_    Mail Change \_\_\_\_    Name Change \_\_\_\_    Update \_\_\_\_

**Legal Business Name:** \_\_\_\_\_

**Trade Name: (If different from above)** \_\_\_\_\_

**Federal ID number or Social Security Number (if sole-prop with no employees) :** \_\_\_\_\_

**If leasing property for business location please list landlord/mgmt co:** \_\_\_\_\_

**Business Activities (Brief desc. - ex. 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 – In Case Of Emergency )

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Name/Phone # for Contact Person:** \_\_\_\_\_ (    ) \_\_\_\_\_

**Email Address for Contact Person:** \_\_\_\_\_

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

<u>Name</u>	<u>Residence Address</u>	<u>SSN</u> (if not publicly traded company)	<u>Title</u>
-------------	--------------------------	---------------------------------------------	--------------

**Date Business Activity Initiated or Proposed in Mountain Brook:** \_\_\_\_\_ **# of Employees in Mtn Brook** \_\_\_\_\_

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**

<b>ACCOUNT ID #</b> _____	<b>SETUP BY:</b> _____	<b>REVIEWED BY:</b> _____
<b>PHYSICAL LOCATION:</b> <input type="checkbox"/> CITY <input type="checkbox"/> OUTSIDE CORP LIMITS & PJ <b>GEO CODE:</b> _____		
<b>ZONING CLASSIFICATION:</b> _____	<b>BUILDING APPROVAL:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> FIRE CODE	
<b>TAX TYPES:</b> <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"/> GAS/MOTOR FUEL <input type="checkbox"/> BUSINESS LICENSE		
<b>TAX FILING FREQUENCY:</b> <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER _____		
<b>BUSINESS TYPE:</b> <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 _____		

**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.)

**==>** 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 EXCEPTION:

INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1

---

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 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 A MORE DETAILED EXPLANATION.