

City of Ashford, Alabama Business License Application - 2024

(CONFIDENTIAL)

Complete and Mail/Fax/Email
City of Ashford PO Box 428 Ashford, AL 36312 Fax – 334-899-8407 Email: cityclerk@cityofashford.com

Complete all highlighted areas



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

Please Print or Type

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

Legal Business Name: _____

Trade Name: (If different from above) _____

Business Activities: (Brief description- ex. retail, carpentry, roofing, restaurant, masonry, plumbing, etc.) _____

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: _____

List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Name	Residence Address	SSN (if not publicly traded co.)	Title
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Date Business Activity Initiated or Proposed in Ashford: _____ **# of Employees in Ashford** _____

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: CITY POLICE JURISDICTION OUTSIDE CORP LIMITS & PJ

Section Number & License Type _____

Tax Types: Sales/Seller's Use Consumer Use Rental Lodgings Alcohol
 Occupational Tobacco Gas/Motor Fuel Business License

Tax Filing Frequency: Monthly Quarterly Annual Other _____

Business Type: Retail Wholesale Building Contractor Service Professional
 Manufacturer Rental 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**
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⇒ **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 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 334-899-3366.