

# CITY OF LEEDS, ALABAMA BUSINESS LICENSE APPLICATION

(CONFIDENTIAL)

Complete and Mail/Fax/E-Mail to:  
City of Leeds  
1040 Park Drive  
Leeds, AL 35094  
Phone 205-699-2585 Fax: 205-699-6558  
E-mail: cityhall@leedsalabama.gov

FEIN: \_\_\_\_\_  
STATE OF AL TAX#: \_\_\_\_\_

FORM OF OWNERSHIP (CHECK ONE)

SOLE PROP:  PARTNERSHIP:   
CORPORATION:  PROF. ASSOCIATION:   
LLC:  OTHER:

APPLICATION TYPE: NEW:  OWNER CHANGE:  NAME CHANGE:  LOCATION CHANGE:

LEGAL BUSINESS NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

BUSINESS ACTIVITIES: (Brief Description – i.e., Retail clothing sales, wholesale, sales conducted outside of building, etc. be thorough!)  
\_\_\_\_\_  
\_\_\_\_\_

Physical Address:

Street Number: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address:

Street Number: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Information:

Business Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

List all Owner(s), Partners or Officer(s) (Attach a separate sheet if necessary)

Name Residential Address: SSN(if not publicly traded company)

Date Business was initiated in the City of Leeds: \_\_\_\_\_ Number of employees in Leeds: \_\_\_\_\_

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above named/listed entity, and/or person(s).

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

### THIS AREA FOR OFFICE USE ONLY

ACCOUNT ID: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_  
PHYSICAL LOCATION:  CITY  POLICE JURISDICTION  OUTSIDE CORPORATE LIMITS  
ZONING CLASSIFICATION: \_\_\_\_\_ BUILDING APPROVAL: \_\_\_\_\_ Y \_\_\_\_\_ N N/A  
FIRE CODE: \_\_\_\_\_ Y \_\_\_\_\_ N N/A  
TAX TYPES:  SALES/DELLER'S USE  CONSUMER USE  RENTAL  LODGINGS  
 ALCOHOL  OCCUPATIONAL  TOBACCO  GAS/MOTOR FUEL  
TAX FILING FREQUENCY:  
 MONTHLY  QUARTERLY  ANNUAL  OTHER: \_\_\_\_\_  
BUSINESS TYPE:  RETAIL  WHOLESALE  CONTRACTOR  SERVICE  
 PROFESSIONAL  MANUFACTOR  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
- IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN LEEDS CITY LIMITS 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 CITY OF LEEDS.
- UPON RECEIPT OF THE COMPLETED FORM, THE CITY OF LEEDS WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

**ALL LICENSE RENEWELS ARE DUE, JANUARY 1 AND DELINQUENT AFTER JANUARY 31 (or February 15), 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 LEEDS, 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.

This completion and submissions 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 MORE DETAILED EXPLANATION.**