

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 JURSDICTION 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.