

**City of Northport, Alabama
Business License Application**

Note: The City of Northport Imposes its Business License Tax Within its Police Jurisdiction.

(CONFIDENTIAL)

3500 McFarland Boulevard
P.O. Box 569
Northport, AL 35476

Phone (205)339-7000
Fax (205)333-3016

Please Print or Type
See Reverse Side for Instructions and Further Information

Application Date: _____ Proposed Start Date: _____

Application Type: New Owner Change Name Change Location Change Reactivation

Legal Business Name _____

Trade Name (DBA) if different from above _____

Brief description of business activity in Northport _____

(Example: retail clothing sales, wholesale food sales, rental of industrial equipment, computer consulting)

Form of Ownership

Sole Proprietorship Partnership Corporation LLC Other (Specify) _____ (If LLC, LLP or Corp. please attach signed Affidavit)

Physical Address _____

- (Street) (City) (State) (Zip)

Mailing Address _____

(Street) (City) (State) (Zip)

(Business) Telephone _____ **Fax** _____ **(E-Mail)** _____

FEIN _____ **ST of Ala Tax #** _____

List the Owner(s), Partners or Officers (Attach separate sheet if necessary) Include copies of Drivers Licenses.

Name Residence Address SSN DL ST. # & Exp. date Home Phone DOB

1. _____

2. _____

3. _____

TITLES (Owner, Pres etc.) 1. _____ 2. _____ 3. _____

Name and phone number for contact person _____

If business has physical location in Northport, list name of manager _____

of Employees _____

Land/Building: Own Rent

If Rent: Owner: _____

Address _____ Phone _____

This form is required for each owner or partner of a business and for each person signing for or conducting a transaction for the business.

Legal Status:

Are you a U.S. Citizen? ___Yes ___No **Yes.** Please provide a copy of one of the approved documents with your application. **No** If you answered no to the above question, please provide your country of citizenship. Country of

citizenship:

Please provide a copy of one of the unexpired approved documents showing that you are lawfully present in the U.S.

I, _____(print name), hereby certify,
Under the penalty of perjury, that I am a U.S. Citizen or am lawfully present in the United States.

Signature

Date

Proof of Citizenship:

1. Driver's license or non-driver identification card issued by the Alabama Department of Public Safety. A driver's license or non-driver identification card issued by another jurisdiction will only be acceptable if there is language printed on the license or identification card, by the issuing jurisdiction that indicates that the person has provided satisfactory proof of United States citizenship. (The driver's license or non-driver identification card must be valid which means unexpired.)
2. U.S. birth certificate.
3. Valid or expired passport identifying the applicant and the applicant's passport number.
4. Naturalization documents or the number of the certificate of naturalization (number must be verified with the U.S. Bureau of Citizenship and Immigration Services by the county election officer or the Secretary of State).
5. Proof issued by the federal government pursuant to the Immigration and Nationality Act of 1952.
6. Bureau of Indian Affairs card number, tribal treaty card number or tribal enrollment number.
7. Consular report of birth abroad of a citizen of the U.S.
8. Certificate of citizenship issued by the U.S. Citizenship and Immigration Services.
9. Certification of report of birth issued by the U.S. Department of State.
10. American Indian card, with KIC classification, issued by the U. S. Department of Homeland Security.
11. Final adoption decree showing the applicant's name and U.S. birthplace.
12. Official U.S. military record of service with the applicant's place of birth in the U.S.
13. An extract from a U.S. hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the U.S.

Aliens Lawfully Present

1. A valid, unexpired Alabama driver's license.
2. A valid, unexpired Alabama non-driver identification card.
3. A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier.
4. Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the U. S. before issuance.
5. A foreign passport with an unexpired U. S. Visa and a corresponding stamp or notation by the U.S. Department of Homeland Security indicating the bearer's admission to the U.S.
6. A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an 1-94 W form by the U.S. Department of Homeland Security indicating the bearer's admission to the U.S.

Copies of acceptable proof of lawful presence must be included with application.

Affidavit

I, _____ (print name), hereby certify,

Under the penalty of perjury, that the business listed below is a

_____ LLC _____ LLP _____ Corporation

Name of Business

Signature

Date

Please print on Company letter head

You can include a copy of the company's documentation for verification

If you are a non-profit organization please include a copy of your non-profit papers.

The person signing this document must be verified as lawfully present in the U.S.

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

- PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE AREA NOTED “FOR OFFICE USE ONLY”.
- 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 THIS 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 WITH PAYMENT.
 - 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 ARE DELINQUENT AFTER FEBRUARY 15, WITH THE FOLLOWING EXCEPTIONS:

INSURANCE COMPANIES LICENSE: DUE JANUARY 1 DELINQUENT AFTER MARCH 1.

THIS FORM IS INTENDED AS A SIMPLIFIED, STANDARD MECHANISM FOR BUSINESS 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 THE APPLICATION TO OBTAIN MORE DETAILED EXPLANATION.

FOR BUSINESSES WITH A PHYSICAL OFFICE OR STORE FRONT LOCATION IN
NORTHPORT:

IN ORDER TO ALLOW THE POLICE DEPARTMENT TO KNOW WHO TO CONTACT DURING AN AFTER HOURS EMERGENCY, OR AT OTHER TIMES WHEN THE BUSINESS IS NOT OPEN, PLEASE FILL OUT THE FOLLOWING FORM AS COMPLETELY AS POSSIBLE. THERE IS A SPACE FOR THE OWNER AND ALSO FOR UP TO THREE PEOPLE TO BE CALLED IN AN EMERGENCY. PLEASE LIST NAMES IN THE ORDER YOU WOULD WANT THE PEOPLE CONTACTED, SHOULD IT BE NECESSARY. THIS INFORMATION IS NOT GIVEN OUT TO THE PUBLIC AND REMAINS WITHIN THE POLICE DEPARTMENT FOR OFFICIAL USE ONLY. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE COMMUNICATIONS OFFICE AT (205) 339-6600.

THANK YOU FOR YOUR ASSISTANCE,

NORTHPORT POLICE DEPARTMENT

FAX (205) 333-3007

BUSINESS NAME _____	PHONE _____		
ADDRESS _____	ALARM # _____		
WHERE LOCATED _____			
BUSINESS OWNER CONTACTS			
	NAME	HOME PHONE	ALT. PHONE
OWNER	_____	_____	_____
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
PROPERTY OWNER CONTACTS			
	NAME	HOME PHONE	ALT. PHONE
OWNER	_____	_____	_____
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____