

CITY OF ATHENS, ALABAMA NEW BUSINESS APPLICATION
P.O. Box 1089 Athens, AL 35612
(256) 233-8003 Fax # (256) 233-8721

BUSINESS NAME _____

BUSINESS OWNER _____

DBA NAME _____

BUSINESS PHONE _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

TYPE OF BUSINESS _____

IS THE BUSINESS PHYSICALLY LOCATED INSIDE THE CITY LIMITS OF ATHENS
 OUTSIDE THE CITY LIMITS OF ATHENS

*STATE CERTIFICATION #: _____ *HEALTH FOOD PERMIT #: _____
 Required for Electrical, Gas, HVAC, Plumbing, and General Contractors Required for Food Services

*STATE CERTIFICATION #: _____
 Required for Electrical, Gas, HVAC, Plumbing, and General Contractors

FIRST YEAR ESTIMATE \$ _____

THE FIRST YEAR THAT A BUSINESS IS LICENSED BY THE CITY OF ATHENS, THE LICENSE FEE IS BASED ON A FIRST YEAR ESTIMATE. A FIRST YEAR ESTIMATE IS DEFINED AS A GOOD FAITH ESTIMATE OF ANTICIPATED GROSS RECEIPTS (TOTAL SALES, INCLUDING RETAIL, WHOLESALE, SERVICE AND OTHER MISCELLANEOUS FEES) FOR A FULL YEAR (TWELVE MONTHS).

CONTACT INFORMATION

NAME OF AUTHORIZED CONTACT PERSON _____

TELEPHONE NUMBER(S) Home _____ Mobile _____

ADDRESS OF CONTACT PERSON _____

THE INFORMATION PROVIDED ON THIS APPLICATION IS A TRUE AND COMPLETE REPRESENTATION OF THE ABOVE-NAMED ENTITY AND PERSON(S) LISTED.

SIGNATURE _____ PRINT NAME _____ DATE _____

CITY USE ONLY	
LICENSE CODE _____	LICENSE FEE _____
DESCRIPTION _____	PENALTY _____
_____	OTHER _____
CO ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	ISSUANCE FEE _____
	TOTAL LICENSE _____