



CITY OF HOOVER, ALABAMA REVENUE DEPARTMENT

2020 Valleydale Road • P.O. Box 360628
Hoover, Alabama 35236-0628

Phone (205) 444-7516 or (205) 444-7518 • Fax (205) 739-7151
www.hooveralabama.gov

OFFICE USE ONLY	
Sales Tax (MQO)	Y N
Lease/Rental Tax	Y N
Lodgings Tax	Y N
Residential Rental	Y N
Location Code	_____
Schedule Number	_____

APPLICATION FOR CITY BUSINESS LICENSE & TAXES

(Name and address of application is Public Record)

SELECT THE TYPE OF BUSINESS:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> MANUFACTURER | <input type="checkbox"/> FINANCIAL, INSURANCE, REAL ESTATE | <input type="checkbox"/> HEALTH SERVICES |
| <input type="checkbox"/> WHOLESALER | <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> PROFESSIONAL SERVICES |
| <input type="checkbox"/> RETAILER | <input type="checkbox"/> PUBLIC UTILITY | <input type="checkbox"/> RESTAURANT |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> INTERNET GAMING | <input type="checkbox"/> OTHER |

DESCRIBE BUSINESS: _____

Sales Representative: Yes No Delivery: Common Carrier Own Vehicle

DATE BUSINESS BEGAN IN HOOVER: _____

ESTIMATED ANNUAL GROSS RECEIPTS: _____ FOR CALENDAR YEAR: _____

SELECT THE TYPE OF ORGANIZATION:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) | <input type="checkbox"/> PROFESSIONAL ASSOCIATION |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> OTHER (Specify) _____ |

LEGAL BUSINESS NAME: _____

TRADE NAME (D/B/A) _____

LOCATION OF BUSINESS:

STREET NUMBER: _____ NAME OF STREET, RD., etc. _____

SUITE NUMBER: _____ CITY: _____ STATE: _____ ZIP: _____

*Name of shopping center located in Hoover, if applicable: _____

PHONE NUMBER (local) (____) _____ FAX NUMBER (____) _____

CONTACT PERSON _____ PHONE NUMBER (emergency) (____) _____

EMAIL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT):

STREET NUMBER: _____ NAME OF STREET, RD., etc. _____

SUITE NUMBER: _____ CITY: _____ STATE: _____ ZIP: _____

GIVE INFORMATION BELOW, WHERE APPLICABLE:

SHELBY CO. HEALTH PERMIT #: _____ FEDERAL I.D. TAX #: _____

JEFFERSON CO HEALTH PERMIT #: _____ SOCIAL SECURITY #: _____

ELEC MASTER CARD # _____ PLUMBERS MASTER CARD # _____ HVAC CARD # _____

HOME BLDR CERT #: _____ STATE GENERAL CONTRACTOR #: _____

THE ISSUANCE OF THIS BUSINESS LICENSE SHOULD NOT BE CONSIDERED AS APPROVAL BY THE CITY OF THE LICENSEE'S LOCATION FOR ZONING PURPOSES.

(OVER)

ADDITIONAL INFORMATION:

NUMBER OF EMPLOYEES WORKING IN HOOVER ONLY:

A. NUMBER OF FULL-TIME EMPLOYEES: _____ B. NUMBER OF PART-TIME EMPLOYEES: _____

ESTIMATED ANNUAL PAYROLL **IN HOOVER ONLY:** _____ FOR CALENDAR YEAR: _____

INTERNET SALES: YES NO ESTIMATED GROSS RECEIPTS: _____ FOR YEAR: _____

COMPLETE THE SECTION THAT APPLIES TO THE TYPE OF ORGANIZATION OF YOUR BUSINESS.

CORPORATION (Attach additional sheet if necessary)

NAME/ADDRESS OF ALL OFFICERS OF CORPORATION	TITLE	PHONE NO.

LOCATION DATE OF INCORPORATION: _____

OF INCORPORATION: STATE: _____ COUNTY: _____

PARTNERSHIP OR LLC (Attach additional sheet if necessary)

NAME/ADDRESS OF ALL PARTNERS	TITLE	PHONE NO.	SOCIAL SECURITY NO. OR FEIN

DATE OF FORMATION OF PARTNERSHIP OR LLC: _____

SOLE PROPRIETOR

NAME/ADDRESS OF OWNER	TITLE	PHONE NO.	SOCIAL SECURITY NO.

I hereby certify that all information is true and correct.

DRIVER'S LICENSE # _____ STATE WHERE DRIVER'S LICENSE IS HELD _____

SIGNATURE DATE

TYPE OR PRINT NAME

Comments _____

OFFICE USE ONLY

CLASS	AMOUNT	CLASS	AMOUNT	ISSUE FEE	_____
_____	_____	_____	_____	CC FEE	_____
_____	_____	_____	_____	TOTAL	_____