BUSINESS LICENSE APPLICATION
CITY OF MONTGOMERY, ALABAMA
(334) 625-2036 FAX (334) 625-2994
www.montgomeryal.gov

RECEIPT NO._____

RETURN TO:

CITY OF MONTGOMERY
LICENSE AND REVENUE DIVISION
P. O. BOX 5070
MONTGOMERY AL 36103-5070

PLEASE PRINT OR TYPE

Application Type: ___ New ___ Add-on

FEIN _____
ST of AL TAX#_____

Mailing Name and Address
_____
_____
_____

Forms of Ownership (Check One)
Sole Prop____ Partnership____
Corp____ LLC ____

Trade Name: (If different from above) _____

Physical Location (Street Name and Number) Leave Blank if Operating from a Residence
_____
_____
_____
_____

Business (_____) _____

Home (_____) _____

Please List Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Name	Residence Address	SSN	DOB

Date Business Activity Initiated or Proposed in Montgomery: _____

Briefly Detail the Nature of Your Business: _____
_____

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

Signature_____ **Title**_____ **Date** _____

ACCOUNT NO._____ **FOR MUNICIPAL USE ONLY** **LICENSE NO.** _____

CODE	DESCRIPTION OF LICENSE	GROSS RECEIPTS	SCH	AMT OF LICENSE	FEE	TOTAL

PLEASE LET US HELP YOU - CALL 334-625-2036 FOR CORRECT AMOUNT OF LICENSE PAYMENT DUE

ZONING (25 Washington Ave. 4th Floor 334-625-2722) _____

AREA NUMBER _____

FIRE (19 Madison Ave. 334-625-3916) _____

CITY SALES TAX NUMBER

INSPECTION (25 Washington Ave. 1st Floor 334-625-2073) _____

_____

Revised 08-2018