

TOWN OF SKYLINE ,ALABAMA BUSINESS APPLICATION
The Town Does Impose the Business License Tax in its Police Jurisdiction

(CONFIDENTIAL)

Complete and Mail/Fax/Email To:
TOWN OF SKYLINE
21638 ALABAMA HIGHWAY 79
SCOTTSBORO, ALABAMA 35768
town023@centurytel.net
(256) 587-3335 Fax (256) 587-3145

Applicant Complete This Box	
FEIN _____	_____
ST of ALA TAX # _____	_____
FORM OF OWNERSHIP (Check One)	
Sole Prop. _____	Partnership _____
Corp. _____	Prof Assoc _____
LLC _____	Other _____

Please Print or Type

SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION

Application Type : New _____ Owner Change _____ Name Change _____ Location Change _____

Legal Business Name : _____

Trade Name: (If different from above) _____

Business Activities:(Brief description- Retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc)

Physical Address:

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

Mailing Address:

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

Telephone:

(Business) (Fax) (Home Phone)

Name & Phone # for Contact Person _____ () _____

Email address for contact: _____

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

<u>Name</u>	<u>Residence Address</u>	<u>SSN (if not publicly traded co.)</u>	<u>Title</u>

Date Business Activity Initiated or Proposed in Town of Skyline: _____ **# of Employees in Town of Skyline** _____

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.

Date _____ **Signature** _____ **Title** _____

THIS AREA FOR MUNICIPAL USE ONLY

ACCOUNT ID # _____	REVIEWED BY: _____				
PHYSICAL LOCATION:	CITY	POLICE JURISDICTION		OUTSIDE CORP LIMITS & PJ	
Tax Types:	Sales/Seller's Use	Consumer Use	Rental	Lodgings	Alcohol
	Occupational	Tobacco	Gas/Motor Fuel	Business License	
Tax Filing Frequency:	Monthly	Quarterly	Annual	Other _____	

Business Type:	Retail	Wholesale	Building Contractor	Service	Professional
	Manufacturer		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 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, SENT BY FAX, OR WHERE POSSIBLE, SENT BY ELECTRONIC MAIL TO THE MUNICIPALITY.***

⇒ **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 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 that city. A business license will be required prior to engaging in business.

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 THIS FORM TO OBTAIN MORE DETAILED EXPLANATION.