

CITY OF SLOCOMB
334-886-2955 PHONE / 334-886-3695 FAX
BUSINESS/PRIVILEGE LICENSE APPLICATION

COMPLETE AND RETURN THIS FORM TO:

Administrative Assistant

City of Slocomb

PO Box 1147

Slocomb, AL 36375

BUSINESS NAME: _____

Code: _____

Slocomb License ID# _____

Cost: \$ _____ per year exp 12/31

Clerks Fee: **\$12.00**

Total amount due: \$ _____

OWNERS NAME: _____

BUSINESS PHONE: _____ EMERGENCY PHONE: _____

BUSINESS LOCATION: Inside City Limits _____ Inside Police Jurisdiction _____

Outside City Limits/Police Jurisdiction _____

BUSINESS ADDRESS:

Mailing

Physical

TAXPAYERS NAME: _____

TYPE OF BUSINESS:

1. Manufacturing _____ 2. Wholesale _____ 3. Retail (Product) _____ 4. Retail (Service) _____

5. Contractor _____ (Must provide certification) 6. Other _____

TYPE OF ORGANIZATION:

1. Corporation _____ 2. Partnership _____ 3. LLC _____ 4. Proprietorship _____

5. Professional Association _____ 6. Other _____

Federal I.D. Number: _____

Alabama Sales Tax: _____

Alabama Lease Tax Number: _____

Alabama Sellers Tax Use Number: _____

Alabama Consumers Use Tax Number _____

Alabama Contractors License Number: _____

SIGNED: _____ DATE: _____

TITLE: _____