CITY OF CLAY, ALABAMA BUSINESS LICENSE APPLICATION

Send Completed Form To:

City of Clay

P.O. Box 345

Clay, AL 35048

(205) 680-1223 (Phone)

(205) 681-6266 (Fax)

CONFIDENTIAL

Applicant Complete This Box

Federal Tax ID #_____

NAICS Code_____

Form of Ownership (Circle One)

Sole Proprietor Partnership

Corporation Professional Assoc

LLC Other_____

Application Type: ☐ New ☐ Renewal ☐ Location Change

Legal Business Name:

Trade Name (If different from above):

Business Activities:(Describe Business Activities in Clay-e.g.: sales, wholesale food sales, equipment rental, etc.)

Physical Address:

Mailing Address:

Business Phone: Fax: Cell:

Email: Web Address:

If your business has no physical presence in Clay and only delivers into Clay via owned, leased or contracted vehicles and your company's gross receipts are under $100,000, you may elect to purchase a DELIVERY License pursuant to State and City Code in the amount or $100.00. If you qualify for this option and wish to exercise it, please write DELIVERY in the box:

Is your company registered with ALATAX? Y or N If so, Alatax ID #

Name & Phone of Contact Person: ( )

Date Business Activity Initiated or Proposed in Clay

- Please complete all areas of the form
- This form should be typed or printed legibly
- The form should be dated and signed by an owner/officer of the business
- The form will initiate the process for registering your business with the municipality

Please submit copies of all current licenses and professional cards and applicable licenses. Business license cannot be issued without these documents on file. A state-issued photo ID is required. All municipalities are required to obtain a copy of individual/entities board certifications PRIOR to issuance of a business license.

By signing this document, I attest that the information provided in this document is true and correct and hereby declare, under the penalty of perjury, that I am a United States Citizen or that I am a lawfully present Alien of the United States.

Printed Name:

Signature: Date:

Visa __MC__ Discover__ Exp____/_____ CVV Code_____ Card Number:_____

Billing Address and Zip Code:_____

FOR MUNICPAL USE ONLY

Business License #_____ Physical Location: City Other Reviewed by:_____

License Fee:_____

Penalty & Int:_____

Issue Fee: $ 12.00

Total Due:_____

Zoning Classification:_____ Building Approval: ☐ Y ☐ N ☐ N/A

Business Type: ☐ Retail ☐ Wholesale ☐ Rental ☐ Professional ☐ Manufacturer ☐ Contractor ☐ SubContractor ☐ Other