

CITY OF CLAY, ALABAMA

Send Completed Form To:

City of Clay  
 P.O. Box 345  
 Clay, AL 35048  
 205-680-1223 (Phone)  
 205-681-6266 (Fax)  
 www.clayalabama.org  
 aself@clayalabama.org



BUSINESS LICENSE  
 APPLICATION

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       Name Change       Location Change

Legal Business Name: \_\_\_\_\_

Trade Name (if different from above): \_\_\_\_\_

Brief Description of Business Activities in Clay: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Estimated Gross Receipts: \_\_\_\_\_

Date Business Activity Initiated or Proposed in Clay: \_\_\_\_\_

If your company 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 \$100,000.00, you may elect to purchase a DELIVERY License pursuant to State and City Code in the amount of \$100.00. If you qualify for this option and wish to exercise it, please check this box  **DELIVERY**

**Please submit copies of all current professional cards, applicable licenses, and a state issued photo ID.**

**Business license may not be issued without these documents on file.**

By signing this document I attest that the information provided in this document is true and correct and that I am an owner or officer of the business authorized to sign documents for said business and hereby declare, under penalty of perjury, that I am a United States Citizen or that I am a lawfully present Alien of the United States.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address and Zip: \_\_\_\_\_

FOR MUNICIPAL USE ONLY

Business License # \_\_\_\_\_

Physical Location: City    Other

License Fee: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Building Approval:    Y    N    NA

Penalty & Int: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Notes: \_\_\_\_\_

Issue Fee: \$12.00

Total Due: \_\_\_\_\_