CITY OF CLAY, ALABAMA

Send Completed Form To:

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

Reviewed By: _



Applicant Complete This Box:				
Federal Tax ID #:				
NAICS Code:				
Form of Ownership (Circle One)				
Sole Proprietor	Partnership			
Corporation	Professional Assoc			
LLC	Other:			
□ Location Char	200			

Total Due: __

		APPLICATION	LLC	Other:		
Application Type: New	☐ Renewal	newal Name Change Location Change				
Legal Business Name:						
Trade Name (if different from ab	ove):					
Brief Description of Business Ac	tivities in Clay: _					
Physical Address:						
Mailing Address:						
Business Phone:	Fax:	Ema	ail:			
Contact Person:	ontact Person:Estimated Gross Receipts:					
Date Business Activity Initiated	or Proposed in C	lay:		_		
If your company has <u>no physical pr</u> company's <u>gross receipts are under</u> the amount of \$100.00. If you qualify	\$75,000.00, you ma	ny elect to purchase a DELIVER`	Y License pursua	•		
Please submit copies of all curr state issued photo ID. Busines	_					
By signing this document, I attestowner or officer of the business perjury, that I am a United State Signature:	authorized to sig s Citizen or that l	n documents for said busine I am a lawfully present Alier	ess and hereby o	declare, under penalty of		
Printed Name:			Date:			
Tillica Ivailie.			Duic			
Card Number:		•	/	CVV Code:		
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: Issue Fee: \$14.00		

Notes: __