## CITY OF HEFLIN, ALABAMA BUSINESS LICENSE APPLICATION

## Robby Brown, Mayor

Council
Clinton "Shag" Austin
Travis Crowe
Rhonda Green
Rhonda Heard
Shannon Roberts

Tina Owen, City Clerk



P.O. Box 128 Heflin, AL 36264 Phone: (256)463-2290 Fax: (256)463-2683 Website: cityofheflin.org

| Applicant Comple  | ete This Box |
|-------------------|--------------|
| Federal Tax ID#   |              |
| NAICS CODES       |              |
|                   |              |
| Form of Ownership |              |
| Sole Proprietor _ | Partnership  |
|                   |              |

| APPLICATION TYPE:NEWR   | ENEWALOWNER CHANGE _                | NAME CHANGE _          | LOCATION CHANGE                 |
|---|-------------------------------------|------------------------|---------------------------------|
| PART I. BUSINESS INFORMATION APPLICATION DATE:  |                                     | CENSE YEAR             |                                 |
| DBA/Trade Name:   |                                     |                        |                                 |
| Street Address:   |                                     |                        |                                 |
| City, State, Zip:   | Phone Number:                       |                        |                                 |
| Email: PART II. LICENSE INFORMATIO  | Web Address:                        |                        |                                 |
| Owner's Name:   |                                     |                        |                                 |
| Mailing Address:  |                                     |                        |                                 |
| Type of Business:   |                                     |                        |                                 |
| Is your company registered with AlaTax?   | If so, AlaTax ID#                   |                        |                                 |
| EIN#  | OR SOCIAL SECURITY #                | <u> </u>               |                                 |
| State Certification #(Required for Heating/AC Installers, Pest C  | Competency Card#                    |                        |                                 |
| This application has been examined by mamed entity, and person(s) listed.   | ne and is, to the best of my knowle | edge, a true and compl | ete representation of the above |
|   | Signature of Owner or               | Legal Representative _ | Date                            |
| PART III. LICENSE CALCULATIO  | To be completed by Ci               |                        |                                 |
| Schedule Number(s)/Description: Schedule Number(s)/Description: Schedule Number(s)/Description: Schedule Number(s)/Description: Schedule Number(s)/Description: |                                     | License Fee:           | \$10.00                         |

If there are any additions, subtractions, and or discrepancies regarding your business license or amounts, please report all changes on this

form or call City Hall at 463-2290. If you have any questions, you may contact Tina Owen at towen@cityofheflin.org.