Mail Completed For To: City of Semmes P O Box 1757 Semmes, AL 36575

Phone: 251-649-5752

Application for Temporary Business License ALL FIELDS MUST BE COMPLETED

Application Good for 30 Days upon Receipt of Payment Application must be signed by applicant and City Official

Semmes (9608)	
License Year	-

Email: business@cityofsemmesal.gov

Application Type: Renewal New Business Name Change Location Change RDS Account Number: Business Activity Start Date: # of Employees:								_		
Ownership [·]	Type:	Sole Proprietorshi LLC Multi Membel General Partnersh	· [Corporation LLC Single Member Limited Liability Partnership Governmental Agency			Professional Association Other:			
Legal Busine	ess Name:									
Trade Name	e/ DBA:			Email Address:						
Fed ID:			State ID:		Socia	al Security #:				
Business Ty	pe:	Retail Manufacturer	Wholesale Rental	Contractor Other:	<u></u> 1		Professional			
Mailing Add	dress:		-							
Physical Add	dress:	(street)		(cit	<i>(</i>)	(state)	(zip)			
·		(street)		(cit	()	(state)	(zip)			
		ness)	(home)	(cell)			(other)			
Name/Phone # for Contact Person: () Title: Title: List Names, Address, SS#, and Title of Owner(s), Partners, or Officers (attach separate sheets if necessary)										
Sworn Statement: This application has been examined and is, to the best of my knowledge, a true and complete representation of the above named entity and person and/or persons isted. Failure to sign and date this application will make the application invalid. This application is only good for 30 day upon receipt of payment. I understand issuance of license does not permit business operation unless business is in compliance with all applicaple laws/rules. Returned Check Disclaimer: Each returned item received by the City of Semmes due to insufficient funds, will receive a penalty of \$35.00 and this license will be revoked, if not paid within 5 business days. Date: Title: Title:										
7oning:	Rusiness lice	nse applied for (will) o		Municipal Use Only		Ordinance				
Zoning: Business license applied for (will) or (will not) comply with the City of Semmes Zoning Ordinance. Zoning Official Signature: Approved / Denied Reason for denial:										
		ned:			Key #:					
Physica	al Location :	Incoporated City L	imits	Police Jurisdiction Outside City and PJ						
License Code	Туј	oe of License	Gross Receipts	Unit Amoun	t Flat,	/Base Fee	Addl Amt Due Based on	License Fee Due		
Pen	alty Informati	on: 15% penalty due Feb	ruary 1st plus interes	st. 30% penalty due N	larch 1st plus			(Code of AL).		
							terest (if applicable) enalty (if applicable)			
Issue Fee:										
			andit Cond as Cond (Cinala Ciral		D	Total Collected:	/oc N-		
Payment M	iethod: Checl	< # Cı	edit Card or Cash (Make Che	Circle One) eck Payable To: City (f Semmes	Payment	t Forwarded to RDS: \	/es No		
Municipal S	funicipal Signature: Date:									