

BUSINESS LICENSE APPLICATION
CITY OF WETUMPKA, ALABAMA



Mail to:

CITY OF WETUMPKA
P.O. BOX 1180
WETUMPKA, AL 36092
334-567-1301
334-567-1307 (FAX)

PLEASE PRINT OR TYPE

Applicant

FED ID# _____

Form of Ownership (Check One)

Sole Proprietor

Partnership

Corporation

Professional Assoc

LLC

Other _____

Application Type: New Renewal Owner Change Name Change Location Change

Legal Business Name _____

Trade Name (If different from above) _____

Business Type _____ Organization Type _____

Business Activity Description _____

Physical Address _____
(Street) (City) (State) (Zip)

Mailing Address _____
(Street) (City) (State) (Zip)

Telephone: Business _____ Cell _____ Home (Emergency) _____

Email: _____

ALATAX # (Sales Tax) _____ AlaTax Taxpayer Name _____

Name / Phone # for Contact Person _____

List Names of Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Name	Address	SSN	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Business Activity Initiated or Proposed in Wetumpka _____

If Business was acquired from a previous owner, or a change in the organization has occurred, provide the following information:

Date of Change: _____ Previous Owner/Organization _____ Former Name _____

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above name entity, and person's listed.

Date _____ Signature _____ Title _____