



281 James D Nabors Dr • Alexander City • Alabama 35010 • (256) 329-6700

www.alexandercityal.gov

Non-Storefront Business License Application

Business Name: _____

Owners: 1. _____ 2. _____

3. _____ 4. _____

Business Location / 911 Address: _____

Mailing Address: _____

Email: _____

NAIC or SIC Code: _____ FEIN: _____

Contact Number: _____ Office / Home Number: _____

Business Activity to Be Conducted: _____

Estimated Gross Receipts to December 31st: \$ _____

Sales/Use Tax Account Needed? YES / NO

Other Tax Account Needed? YES / NO

By signing below, I understand that only the above described business activity may be conducted. Should any changes in business activity or location occur, I will notify the License Department prior to implementation of such changes. I declare under penalty of law that I am a citizen of the United States of America or that I am legally in this country.

Applicant Signature

Print Name

Date

Please return the completed form to the address above and attention to the Revenue Department. If you need assistance completing this form, please call (256) 329-6720 or email revenue@alexandercityal.gov.