



**ALEXANDER
CITY**
ALABAMA

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

www.alexandercityal.gov

Storefront Business Transfer Form

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: _____

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 Revenue 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

Date

FOR INTERNAL USE ONLY

Zoning Classification: _____

Zoning Administrator Approval: YES / NO

Zoning Administrator Signature

Date

Fire Department Approval: YES / NO

Fire Department Signature

Date

Police Department Approval: YES / NO

Police Department Signature

Date



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Business Emergency Contacts

The information contained on this form is for use by the Alexander City Police Department and will be maintained on file at the E911 Center. It is the responsibility of the business owner(s) to keep the E911 Center informed of any changes to the above required information. A business license will not be issued/renewed unless this form is completed. Once completed, return the form to the Alexander City Revenue Department.

Business Name: _____

911 Address: _____

Contact Number: _____ Office / Home Number: _____

After Hours Information

1. Name: _____ Contact Number: _____

2. Name: _____ Contact Number: _____

3. Name: _____ Contact Number: _____

Alarm Information

Does your business have a security alarm? YES / NO

If so, Company Name: _____ Contact Number: _____