

APPLICATION FOR BUSINESS LICENSE

City of Hanceville

112 MAIN STREET SE

HANCEVILLE, ALABAMA 35077

256-352-9830 OFFICE 256-352-1200 FAX

License Year 2024

E-Mail: Mgunter@cityofhanceville.net

Application Type: Circle one – (New) (Renewal) (Owner Change) (Name Change) (Location Change)

Legal Name of Business: _____

Type of Business: _____

Form of Ownership: Circle one

(Sole Proprietor) (Corporation) (Partnership) (LLC) (Professional Assoc) (Other: _____)

Street Address: _____ City limits / Police Jurisdiction?

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Contact Person: _____ Phone Number: _____

2nd Contact Person: _____ Phone Number: _____

Tax ID or SS No. _____ Estimated 2024 Gross Receipts: \$ _____

I certify that to the best of my knowledge; this is a true and complete representation of the above business. This business does NOT knowingly employ an unauthorized alien within the State of Alabama and (if eligible) is enrolled in E-Verify. Please attach a copy of your Driver's License and State License.

Authorized Signature: _____ Date: _____

Title: _____ Business Start Date: _____

FOR CONTRACTORS ONLY

State Certified: _____ Yes _____ No ID Number: _____

FOR MUNICIPAL USE ONLY

License Issued _____ (Y/N) Amount Paid: \$ _____

License No.: _____ Reviewed By: _____

Business Type: (enter Y/N) **BP**- Retail **BQ**-Wholesale **BS**- Service **BR**-Contractor **BT**-Professional
BU-Manufacture **BV**-Rental **BW**-Other ___ Insurance ___ Lodging