

# APPLICATION FOR BUSINESS LICENSE

## City of Hanceville

112 MAIN STREET SE  
HANCEVILLE, AL 35077

256-352-9830 EXT 122 OFFICE 256-352-1200 FAX

License Year 2026

Email: [bhinkle@cityofhanceville.net](mailto:bhinkle@cityofhanceville.net)

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

**Legal Name of Business:** \_\_\_\_\_

**Type of Business/Description:** \_\_\_\_\_

**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** \_\_\_\_\_

**Contact Person Email Address:** \_\_\_\_\_

**2<sup>nd</sup> Contact Person:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**2<sup>nd</sup> Contact Person Email Address:** \_\_\_\_\_

**Tax ID or SS Number:** \_\_\_\_\_ **Estimated 2026 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:** \_\_\_\_\_

## FOR CONTRACTORS ONLY

**State Certified:** \_\_\_\_\_ Yes \_\_\_\_\_ No **ID Number** \_\_\_\_\_

## FOR CITY OF HANCEVILLE USE ONLY

**License Issued:** \_\_\_\_\_ Yes \_\_\_\_\_ No **Amount Paid:** \$ \_\_\_\_\_

**License Number:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

Circle Business Type: BP-Retail, BQ-Wholesale, BS-Service, BR-Contractor, BT-Professional, BU-Manufacture, BV-Rental, BW Other, Insurance, Lodging