

**CITY OF ALABASTER, ALABAMA BUSINESS APPLICATION**

**Submit By Email For Review And Approval**

**Mail Payment Once Approved To:**

City of Alabaster  
Dept CS # 1  
PO Box 830525  
Birmingham, AL 35283  
Phone: (205) 664-6844  
Email: [revenue@cityofalabaster.com](mailto:revenue@cityofalabaster.com)

(CONFIDENTIAL)



**CLICK HERE TO APPLY ONLINE**

**Applicant Complete This Box**

FEIN: \_\_\_\_\_

ST of Ala Tax #: \_\_\_\_\_

NAICS CODE: \_\_\_\_\_

**Form of Ownership (Check One)**

Sole Proprietor  Partnership  
 Corporation  Professional Assoc.  
 LLC  Other \_\_\_\_\_

**APPLICATION TYPE:**  NEW  NAME CHANGE  LOCATION CHANGE

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

**Trade Name: (If different from above)** \_\_\_\_\_

**Business Activities:** (Brief description of activity – ex. retail clothing sales, wholesale food sales, rental of industrial equipment, computer consulting, etc.)  
\_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
 (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
 (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
 (Business) \_\_\_\_\_ (Fax) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name/Phone # for Contact Person:** \_\_\_\_\_ (      ) \_\_\_\_\_

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

Name

Residence Address

SSN

Title

**Date Business Activity Initiated or Proposed in Alabaster:** \_\_\_\_\_ **Projected Gross Receipts in Alabaster:** \_\_\_\_\_

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above named entity, and person(s) listed. **I understand that the issuance of a business license is contingent upon all applicable City of Alabaster Code of Ordinances and State of Alabama licensing requirements being satisfied and I attest under penalty of perjury that I possess all applicable State board certifications/licenses necessary to obtain the license classification I am applying for.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

Please print legibly or type, and complete all highlighted areas. Refer to attached checklist for additional help. Please email the completed application to [revenue@cityofalabaster.com](mailto:revenue@cityofalabaster.com), and the department will contact you for any additional forms and/or information that may be required. There may be other specific requirements in order to complete the licensing process. Once approved the department will provide the amount due.

**THIS AREA FOR MUNICIPAL USE ONLY**

**ZONING DEPARTMENT: REVIEWED BY:** \_\_\_\_\_

**SIGNATURE**

**PRINTED NAME**

**ZONING  
CLASSIFICATION:** \_\_\_\_\_

**FIRE DEPARTMENT:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_

**SIGNATURE**

**PRINTED NAME**

**ACCOUNT#** \_\_\_\_\_

**NAICS CODE** \_\_\_\_\_

## CHECKLIST FOR BUSINESS LICENSE APPLICATION

Did I provide my Federal Tax ID number (FEIN or TIN)? *This is issued by the IRS.*

- Did I provide my State of Alabama tax ID and/or sales tax number? *This number usually begins with the letter "R" unless filing under your SSN.*
  - Did I provide my NAICS (North American Industry Classification System) Code? *Visit <https://www.census.gov/eos/www/naics/> to determine your NAICS code. Businesses with multiple activities may have more than one NAICS code they operate under.*
- Did I check the form of Ownership (Sole Proprietor, LLC, Corp, Partnership)? *You must select sole proprietor, unless you have legally filed LLC or Corporation papers with your Home County and/or state. Partnerships must provide agreement paperwork.*
- Did I provide the business name? *Legal business name is the name the business files taxes under. The trade name is usually DBA. Please list legal business name and, if applicable, DBA.*
- Did I provide the business activities? *License fees are based on the business activity conducted inside the city limits of Alabaster. If more than one activity, please list each one.*
- Did I provide physical and mailing addresses? *If physical address is inside city limits, you will need to be approved by the zoning department, environmental department, building department, and Fire Marshall. You may need to complete some additional paperwork. Each location, parcel, and/or suite needs a separate application. A physical address cannot be a PO Box or UPS mailbox store.*
- Did I provide contact information? *A telephone number for the business and business owner is needed. You must also provide an email address as an additional contact means.*
- Did I provide name and number for a contact individual? *This individual is either the business owner or someone who you will allow the City of Alabaster to speak with concerning your business license.*
- Did I provide information of all owners and/or partners? *SSN is not needed unless you file taxes under that number.*
- Did I provide a copy of recorded Articles of Incorporation, LLC, and/or partnership agreements (if applicable)? *A recorded copy is stamped showing where the articles were recorded in your home county and/or state.*
- Did I date and sign my application? *An application not signed is considered incomplete. It must be signed by someone who is authorized to act on behalf of the company and must be listed on application.*
- Did I provide the start date of business activities? *This is the date you began/will begin your business.*
- Did I provide the estimated gross receipts? *This does not apply to all businesses, but does apply to most. Some business are based on different criteria such as number of technicians, units, sq footage, ect.*

If you need additional assistance, please contact the revenue department at  
(205) 664-6844 or [revenue@cityofalabaster.com](mailto:revenue@cityofalabaster.com)

UNDER PENALTY OF PERJURY, I \_\_\_\_\_ (PRINT NAME), THE  
UNDERSIGNED DO HEREBY DECLARE, THAT I AM A CITIZEN OF THE UNITED STATES OF AMERICA OR THAT I AM  
A LAWFULLY PRESENT ALIEN IN THE UNITED STATES OF AMERICA.

\_\_\_\_\_  
(DECLARATOR'S SIGNATURE)

\_\_\_\_\_  
DATE