**Business License Application – City of Weaver, Alabama**

Complete and Mail

City of Weaver

Attention: Business License Clerk

500 Anniston Street

Weaver, AL 36277

Phone: (256) 820-1121 ext. 103

Fax: (256) 820-3502

Form of Ownership (Check One)

Sole Proprietor Partnership

Corporation LLC

Professional Assoc Other

Federal Tax ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Tax ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Please print or type. See reverse side for instructions and further information.

Application Type: New Renewal Owner Change Name Change Location Change

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

DBA (if different than above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description of Business Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City, State, Zip

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City, State, Zip

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning Date of Business Activity

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Employees in Weaver, AL: \_\_\_\_

Contact Person

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Names of Additional Owners, Partners, or Officers (attach separate sheet if necessary)

Name Address SSN Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only

Taxpayer ID: \_\_\_\_\_\_\_\_\_ License Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Location: City Limits Police Jurisdiction Outside City Limits and PJ

Business Type: Retail Wholesale Contractor Service

Manufacturer Rental Other

**Please read the following information before completing this form.**

* Please **TYPE** or **PRINT** legibly, complete **ALL** areas of the form (*except* for the shaded area at the bottom), and return it to the Business License Clerk by mail or in person.

**GROSS RECEIPTS**

*The total amount of receipts received from all sources*

*for any act or service, without subtracting any costs or expenses.*

* After we receive this complete application, a taxpayer ID unique to the City of Weaver will be created for you.
* A second form will then be printed to provide your **GROSS RECEIPTS**. Your gross receipts are kept confidential and are **REQUIRED** to obtain a business license.
* If your business is new, you need to *estimate* what you are expecting your gross receipts to be for the year.
* The cost of a business license is based on the type of business, how the business is being conducted, and the gross receipts for the business.
* The City of Weaver does not collect sales and use tax at City Hall. PremaCorp collects ALL TAXES for the City of Weaver. To register with PremaCorp (an HDL affiliate), call (256) 427-4816 or email weaveral@hdlgov.com.
* All license renewals are mailed in December of each year, due by January 1st, and delinquent on February 1st. There is an exception for insurance companies: licenses are due by January 1st and delinquent on March 1st.
* If you are renewing your business license by mail, it must be postmarked by January 31st (by February 28th for insurance companies).
* If you have any questions or need additional assistance, please contact the Business License Clerk at (256) 820-1121, extension 103, or email [businesslicenses@weaver-alabama.org](mailto:businesslicenses@weaver-alabama.org). You can also visit the City of Weaver’s website at weaver-alabama.org.

