**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 Municipal Use Only

Taxpayer ID: \_\_\_\_\_\_\_\_\_ Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.**

* This form should be TYPED or PRINTED legibly. Please 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

* After this form is complete, the Business License Clerk will create a taxpayer ID unique to the City of Weaver. The Clerk will then give you a second form to provide your GROSS RECEIPTS. Please note: your gross receipts are REQUIRED to obtain a business license with the City of Weaver.
* If your business is located INSIDE the city limits or INSIDE the police jurisdiction, enter the TOTAL gross receipts for your business (including receipts for ALL other cities).
* If your business is located OUTSIDE the city limits and police jurisdiction, enter the gross receipts for the City of Weaver only.
* If your business is new, you will *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 for the City of Weaver 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.

