



### CITY OF WEAVER, ALABAMA BUSINESS APPLICATION

**Complete and Mail**  
City of Weaver  
Attention: Business License Dept  
500 Anniston Street  
Weaver, AL 36277  
Phone#: (256)-820-1121  
Fax#: (256)-820-3502

*Please Print or Type*  
SEE REVERSE SIDE FOR INSTRUCTIONS  
AND FURTHER INFORMATION

**Applicant Complete This Box**  
SSN \_\_\_\_\_  
State of AL Tax # \_\_\_\_\_  
FIEN# \_\_\_\_\_  
**Form of Ownership (Check One)**  
 Sole Proprietor       Partnership  
 Corporation         Professional  
 LLC                       Other

APPLICATION TYPE:  NEW     RENEWAL     OWNER CHANGE     NAME CHANGE     LOCATION CHANGE

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

Trade Name: (If different from Legal Business Name) \_\_\_\_\_

Business Activities: (Brief description-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) (Home Phone - In Case Of Emergency)

Email: \_\_\_\_\_      PremaCorp.#: \_\_\_\_\_      PremaCorp Taxpayer Name \_\_\_\_\_

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

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.

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

**THIS AREA FOR MUNICIPAL USE ONLY**

ACCOUNT ID # \_\_\_\_\_      REVIEWED BY: \_\_\_\_\_

PHYSICAL LOCATION:  CITY       POLICE JURISDICTION       OUTSIDE CORP LIMITS & PJ

ZONING CLASSIFICATION: \_\_\_\_\_      BUILDING APPROVAL:  YES     NO     N/A      FIRE CODE \_\_\_\_\_

TAX TYPES:  SALES/SELLER'S USE     CONSUMER USE     RENTAL     LODGINGS     ALCOHOL

OCCUPATIONAL     TOBACCO     GAS/MOTOR FUEL     BUSINESS LICENSE

TAX FILING FREQUENCY:  MONTHLY     QUARTERLY     ANNUAL     OTHER \_\_\_\_\_

BUSINESS TYPE:  RETAIL     WHOLESALE     BUILDING CONTRACTOR     SERVICE  
PROFESSIONAL

MANUFACTURER     RENTAL     OTHER \_\_\_\_\_