

City of Muscle Shoals
P.O. Box 2624
Muscle Shoals, AL 35662

ACCOUNT # _____

CITY OF MUSCLE SHOALS
BUSINESS LICENSE APPLICATION

BUSINESS NAME _____

ALABAMA SALES TAX # _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE# _____ CELL # _____

FAX # _____ EMAIL _____

CHECK ONE: _____ CITY LIMITS _____ POLICE JURISDICTION _____ NEITHER

TYPE OF BUSINESS (Circle One)

PROPRIETORSHIP PARTNERSHIP CORPORATION

PLEASE GIVE OWNER(S) NAME, ADDRESS & PHONE #

TYPE OF BUSINESS OR TRADE _____

NOTE: PROOF OF LIABILITY INSURANCE AND ALABAMA STATE LICENSING WHEN REQUIRED. PLEASE PROVIDE THIS INFORMATION WITH APPLICATION. CONTACT THE BUILDING, ZONING & LICENSING OFFICE FOR FURTHER INFORMATION (256)386-9205.

PLEASE INDICATE GROSS RECEIPTS IF APPLICABLE \$ _____

I HEREBY CERTIFY THE FOREGOING INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNED _____ TITLE _____

PRINT NAME _____ DATE _____