

Account #: _____

**CITY OF MUSCLE SHOALS
2010 AVALON AVENUE
MUSCLE SHOALS, AL 35661
256-386-9205**

BUSINESS TRADE NAME: _____

DOING BUSINESS AS: _____

PHYSICAL ADDRESS: _____
CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS: _____
CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE #: _____ **CELL PHONE #** _____

FAX #: _____ **EMAIL** _____

PROPRIETORSHIP___ PARTNERSHIP___ CORPORATION___ LLC___

OWNER(S) INFORMATION: (Name, Address, Title)

TYPE OF BUSINESS/TRADE: _____

NOTE: Please attach proof of Liability Insurance Certificate and Alabama State Licensing when required.

Signed _____ Title _____
Print Name _____ Date _____

*Please contact our office for license amount due: Rebecca Barnett, Revenue Officer
rbarnett@hiwaay.net
256-386-9205

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