

CITY OF MUSCLE SHOALS

POST OFFICE BOX 2624 • MUSCLE SHOALS, ALABAMA 35662

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www.cityofmuscleshoals.com

MIKE LOCKHART

Mayor

BETH JONES

City Clerk

New Business Applicants or Re-Location

(Below Information is required before Business License)

Name of Business/Occupancy: _____

Address of Business/Occupancy: _____

Contact Name: _____

Contact Number: _____

Contact E-mail address: _____

The following individuals are aware of the above listed intent to establish a business in the City of Muscle Shoals. The above listed will have the understanding that until the below signatures are obtained and the proper requirements have been met, the above listed entity shall not be permitted to open to the public. If all of the following signatures are not obtained and the above listed opens to the public, it will be subject to a "Stop Work" order issued by the City of Muscle Shoals Bureau of Fire Prevention.

City of Muscle Shoals Police Department _____

Visit 1000 Avalon Ave. (Records Office) to obtain a signature

City of Muscle Shoals Fire Department _____

On Site visit is required before signature

**Once all signatures have been obtained,
this form may be returned to the
City Building / Revenue Dept.
for the issuance of the proper business license.**

Council Members

GINA CLARK • CHRIS HALL • DAVID MOORE • KEN SOCKWELL • WILLIS THOMPSON