

Mail or Fax Completed Form To:

RDS
Business License Dept.
PO Box 830725
Birmingham, Alabama 35283
Fax Number 205-423-4099
Phone 800-556-7274

Application for Temporary Business License
ALL FIELDS MUST BE COMPLETED
Application Good for 30 Days Upon Receipt of Payment
Application must be signed by applicant and City Official

See Reverse Side for Instructions
And Further Information

Name of Municipality:

Application Type: Renewal New Business Name Change Owner Change Location Change

Form of Ownership (Check One): Sole Prop Corp LLC Partnership Professional Assoc Other _____

RDS Acct Number _____ Date Business Activity Initiated/Proposed: _____ Number of Employees: _____

Legal Business Name: _____ FEIN/Social Security # _____

Trade Name / DBA: _____ (If different from legal name.)

Business Type: Retail Wholesale Bldg Contractor Service Professional Manufacturer Rental

Other _____ Describe the business you are conducting _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Business) (Home) (Cell) (Fax)

Name/Phone # for Contact Person: _____ () _____ Title _____

List Names of Owners(s), Partners, or Officers (Attach Separate Sheets if Necessary)

Name Residence Address SSN Title

This application has been examined and is, to the best of my knowledge, a true and complete representation of the above named entity, and person (s) listed. Failure to sign and date this application will make the application invalid. This application is only good for 30 days upon receipt of payment. I understand issuance of license does not permit business operation unless business is properly zoned, and/or in compliance with all applicable laws/rules.

Date: _____ Signature: _____ Title: _____

FOR MUNICIPAL USE ONLY FROM HERE DOWN: Use below chart in order to calculate business license. If you do not have a copy of your fee schedule you may view it at www.reyds.com

Physical Location: Incorporated City Limits Police Jurisdiction Outside Corporate Limits & PJ **Reminder** Businesses located within the PJ are charged one-half the normal rate.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Section Number	Type of License	Gross Receipts (Required)	Unit Amount (Applies if fee is based upon a "number" of units)	Flat/Base Fee	Additional Amount Due Based On Calculation	License Fee Due
Report all types of business conducted		1		Add column E & F enter total in column G then add down		

Penalty Info:

Issuance Fee:
Total Collected:

Municipality, DO NOT MAIL CASH. Have checks made payable to: Tax Trust Account and mail along with application to address indicated above.

Payment Method: Check OR Cash (Circle One) Payment Forwarded to RDS: Yes OR No (Circle One)

Collected By: _____ Date: _____

All "Non-Paid" temporary applicants will be mailed a business license packet. You may fax "Non-Paid" applications to RDS Attn: Business License Dept at 205-423-4099.

Issuance of a business license by RDS does not permit business operation unless the business is properly zoned and /or in compliance with all applicable laws/rules.