



|                   |      |                  |  |
|-------------------|------|------------------|--|
| Internal Use Only |      |                  |  |
| Locality Code     | 9330 | Reporting Period |  |
| License No.       |      | Date Received    |  |
| License Issued?   |      | Check/Cash       |  |
| Date Issued       |      | Amt Paid         |  |

## City of Loxley Business License Application

Return to: Community Development Department  
P.O. Box 9, Loxley, AL, 36551

\*Contact Person: Name (print) \_\_\_\_\_ \*Phone(\_\_\_\_\_) \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*Application Type:  New  Owner Change  Location Change  Name Change  Renewal

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

\*Trade Name (If different from above): \_\_\_\_\_

|  |  |
|--|--|
| <p>*Business Type: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Contractor<br/> <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Rental<br/> <input type="checkbox"/> Other _____</p> | <p>*Form of Ownership: <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC<br/> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Professional<br/> <input type="checkbox"/> Other _____</p> |
|--|--|

\*Business Description: \_\_\_\_\_

\*Physical Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

\*Mailing Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

\*Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Business Cell Home

\*Physical Location:  City Limits  Outside City Limits  Police Jurisdiction

\*Will your business conduct sales, delivery, services, contracting, ect. within Loxley city limits?  Yes  No

\*FEIN # \_\_\_\_\_ SSN # \_\_\_\_\_ State Tax ID # \_\_\_\_\_

\*Gross Receipts from previous year (if any) \_\_\_\_\_ \*Number of Employees \_\_\_\_\_

\*Owner(s), Partners, and Officers (Attach Separate sheet if necessary)

|      |                   |                  |       |
|------|-------------------|------------------|-------|
| Name | Residence Address | Driver's License | Title |
|------|-------------------|------------------|-------|

\*Date Business Activity Initiated or Proposed to Initiate: \_\_\_\_\_

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 \_\_\_\_\_

\* \_\_\_\_\_ (initial) This form is intended as a simplified, standard mechanism for businesses to initiate contact with the City of Loxley concerning their activities within the City. A business license will be required prior to engaging in business. If a business intends to maintain a physical location within the City, there are zoning and building code approvals required prior to the issuance of a license. The completion of this form does not guarantee the approval or subsequent issuance of a license to do business. Any prerequisite for a particular type and location of the business must be satisfied prior to licensing.