



CITY OF HOOVER, ALABAMA REVENUE DEPARTMENT

2020 Valleydale Road • P.O. Box 360628
Hoover, Alabama 35236-0628
Phone (205) 444-7516 or (205) 444-7518 • Fax (205) 739-7151
www.hooveralabama.gov

OFFICE USE ONLY	
Sales Tax (MQO)	Y N
Lease/Rental Tax	Y N
Lodgings Tax	Y N
Residential Rental	Y N
Location Code	_____
Schedule Number	_____

APPLICATION FOR CITY BUSINESS LICENSE & TAXES

(Name and address of application is Public Record)

SELECT THE TYPE OF BUSINESS:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> MANUFACTURER | <input type="checkbox"/> FINANCIAL, INSURANCE, REAL ESTATE | <input type="checkbox"/> HEALTH SERVICES |
| <input type="checkbox"/> WHOLESALER | <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> PROFESSIONAL SERVICES |
| <input type="checkbox"/> RETAILER | <input type="checkbox"/> PUBLIC UTILITY | <input type="checkbox"/> RESTAURANT |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> INTERNET GAMING | <input type="checkbox"/> OTHER |

DESCRIBE BUSINESS: _____

NAICS CODE : _____ LOOK UP AT <https://www.census.gov/eos/www/naics/>

Sales Representative: Yes No Delivery: Common Carrier Own Vehicle

DATE BUSINESS BEGAN IN HOOVER: _____

ESTIMATED ANNUAL GROSS RECEIPTS: _____ FOR CALENDAR YEAR: _____

SELECT THE TYPE OF ORGANIZATION:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) | <input type="checkbox"/> PROFESSIONAL ASSOCIATION |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> OTHER (Specify) _____ |

LEGAL BUSINESS NAME: _____

TRADE NAME (D/B/A) _____

LOCATION OF BUSINESS:

STREET NUMBER: _____ NAME OF STREET, RD., etc. _____

SUITE NUMBER: _____ CITY: _____ STATE: _____ ZIP: _____

*Name of shopping center located in Hoover, if applicable: _____

PHONE NUMBER (local) (____) _____ FAX NUMBER (____) _____

CONTACT PERSON _____ PHONE NUMBER (emergency) (____) _____

EMAIL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT):

STREET NUMBER: _____ NAME OF STREET, RD., etc. _____

SUITE NUMBER: _____ CITY: _____ STATE: _____ ZIP: _____

GIVE INFORMATION BELOW, WHERE APPLICABLE:

SHELBY CO. HEALTH PERMIT #: _____ FEDERAL I.D. TAX #: _____

JEFFERSON CO HEALTH PERMIT #: _____ SOCIAL SECURITY #: _____

ELEC MASTER CARD # _____ PLUMBERS MASTER CARD # _____ HVAC CARD # _____

HOME BLDR CERT #: _____ STATE GENERAL CONTRACTOR #: _____

THE ISSUANCE OF THIS BUSINESS LICENSE SHOULD NOT BE CONSIDERED AS APPROVAL BY THE CITY OF THE LICENSEE'S LOCATION FOR ZONING PURPOSES.

(OVER)

COMPLETE THE SECTION THAT APPLIES TO THE TYPE OF ORGANIZATION OF YOUR BUSINESS.

CORPORATION (Attach additional sheet if necessary)

NAME/ADDRESS OF ALL OFFICERS OF CORPORATION	TITLE	PHONE NO.

LOCATION DATE OF INCORPORATION: _____

OF INCORPORATION: STATE: _____ COUNTY: _____

PARTNERSHIP OR LLC (Attach additional sheet if necessary)

NAME/ADDRESS OF ALL PARTNERS	TITLE	PHONE NO.	SOCIAL SECURITY NO. OR FEIN

DATE OF FORMATION OF PARTNERSHIP OR LLC: _____

SOLE PROPRIETOR

NAME/ADDRESS OF OWNER	TITLE	PHONE NO.	SOCIAL SECURITY NO.

COMPLETE AND ATTACH ADDITIONAL INFORMATION SHEET IF IS BUSINESS IS LOCATED IN THE CITY OF HOOVER

I hereby certify that all information is true and correct.

DRIVER'S LICENSE # _____ STATE WHERE DRIVER'S LICENSE IS HELD _____

SIGNATURE

DATE

TYPE OR PRINT NAME

Comments _____

OFFICE USE ONLY

CLASS	AMOUNT	CLASS	AMOUNT	PENALTY	_____
_____	_____	_____	_____	ISSUANCE FEE	_____
_____	_____	_____	_____	CARD TRANSACTION FEE	_____
				TOTAL	_____

REQUIRED ADDITIONAL INFORMATION FOR BUSINESSES LOCATED IN THE CITY OF HOOVER ONLY
BUSINESS LICENSE APPLICANTS

1. TOTAL NUMBER OF EMPLOYEES _____
2. NON-TAXABLE INTERNET SALES YES _____ NO _____ EST AMOUNT\$ _____

Requested Local Contact Information

This information may be used by a public safety official to contact a business representative when there is an incident that warrants their immediate attention. Examples include a fire incident, activation of a fire alarm or other fire protection system, or a public emergency. **Local contact information (excluding home address information) may also be used for communications from the City of Hoover's Revenue or Economic & Community Development departments.**

****Home address information will only be used by public safety officials when there is an urgent incident at the business location or area and attempts to make contact by telephone are unsuccessful****

Name (Last, First): _____ Title: _____

Business E-mail Address: _____

Daytime Telephone # _____ After-Hours Telephone #: _____

Home Address: _____

BUSINESS TRADE NAME(DBA) ON LICENSE APPLICATION

SIGNATURE OF OWNER OR REPRESENTATIVE DATE