



# CITY OF HOOVER, ALABAMA REVENUE DEPARTMENT

2020 Valleydale Road • P.O. Box 360628  
Hoover, Alabama 35236-0628  
Phone (205) 444-7516 Fax (205) 402-4606  
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"/> WHOLESALE    | <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: \_\_\_\_\_

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**BUSINESS TRADE NAME(DBA) ON LICENSE APPLICATION**

\_\_\_\_\_  
SIGNATURE OF OWNER OR REPRESENTATIVE      DATE