



CITY OF HOOVER, ALABAMA
REVENUE DEPARTMENT

2020 Valleydale Road • P.O. Box 360628
Hoover, Alabama 35236-0628

Phone (205) 444-7516 or 444-7518 • Fax (205) 739-7151
www.hooveral.org

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

APPLICATION FOR CITY BUSINESS LICENSE & TAXES

SELECT THE TYPE OF BUSINESS:

- MANUFACTURER FINANCIAL, INSURANCE, REAL ESTATE HEALTH SERVICES
WHOLESALER TRANSPORTATION PROFESSIONAL SERVICES
RETAILER PUBLIC UTILITY RESTAURANT
CONSTRUCTION COMMUNICATIONS OTHER

DESCRIBE BUSINESS:

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:

- CORPORATION LIMITED LIABILITY COMPANY (LLC) PROFESSIONAL ASSOCIATION
PARTNERSHIP SOLE PROPRIETORSHIP 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)

**ADDITIONAL INFORMATION:**

NUMBER OF EMPLOYEES WORKING IN HOOVER ONLY:

A. NUMBER OF FULL-TIME EMPLOYEES: \_\_\_\_\_ B. NUMBER OF PART-TIME EMPLOYEES: \_\_\_\_\_

ESTIMATED ANNUAL PAYROLL IN HOOVER ONLY: \_\_\_\_\_ FOR CALENDAR YEAR: \_\_\_\_\_

INTERNET SALES:  YES  NO ESTIMATED GROSS RECEIPTS: \_\_\_\_\_ FOR YEAR: \_\_\_\_\_

**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.	SOCIAL SECURITY NO.

DATE OF INCORPORATION: \_\_\_\_\_

LOCATION OF INCORPORATION: STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**PARTNERSHIP** (Attach additional sheet if necessary)

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

DATE OF FORMATION OF PARTNERSHIP: \_\_\_\_\_

**SOLE PROPRIETOR**

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

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	ISSUE FEE	_____
_____	_____	_____	_____	CC FEE	_____
_____	_____	_____	_____	TOTAL	_____