



## Business License Application

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Owners Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Business Began: \_\_\_\_\_

New Business       RENEWAL for YEAR \_\_\_\_\_

FED TAX ID: \_\_\_\_\_ or SOC SEC #: \_\_\_\_\_

Corporation       Limited Liability Company       Sole Proprietorship

Partnership       Professional Association       Other: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail application and payment to:** City of New Hope  
ATT: Business License Dept  
PO Box 419  
New Hope, AL 35760

### FOR OFFICE USE ONLY

Business License #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Rec'd By: \_\_\_\_\_  CASH  Check # \_\_\_\_\_  MO#: \_\_\_\_\_