



**BLA-19**

## 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: \_\_\_\_\_

NEW BUSINESS OR 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: \$ \_\_\_\_\_

CASH  Check # \_\_\_\_\_  Credit/Debit Card AUTH# \_\_\_\_\_

Rec'd By: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_