

CITY OF DOTHAN, ALABAMA BUSINESS LICENSE APPLICATION



City of Dothan
Business License Office
P.O. Box 2128
Dothan, AL 36302

(334) 615-3166
businesslicense@dothan.org

Section 1: Business Information

APPLICATION TYPE: NEW RENEWAL OWNER CHANGE NAME CHANGE LOCATION CHANGE ADD CLASSIFICATION

Legal Business Name: _____

Trade Name: (If different): _____

Business Activities (brief description): _____

Section 2: Contact Information

Physical Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Email: _____

Contact Person & Phone Number: _____

Section 3: Ownership & Entity Information

FORM OF OWNERSHIP: SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC PROFESSIONAL ASSOC OTHER

FEIN (SSN for SP): _____ State of AL Tax #: _____ NAICS Code: _____

Will you be required to file sales tax? YES NO If yes, Avenu Account Name & Number: _____

List Names of Owner(s), Partners, or Officers (Attach separate sheet if necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN</u>	<u>Title</u>
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Section 4: Certification & Signature

Date Business Activity Initiated/Proposed in Dothan: _____ Number of Employees in Dothan: _____

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above-named entity, and person(s) listed. I understand that the issuance of a business license is contingent upon all applicable City of Dothan Code of Ordinances and State of Alabama licensing requirements being satisfied.

Signature _____ Date _____ Title _____

THIS AREA FOR MUNICIPAL USE ONLY

CONTROL NUMBER: _____ CLASSIFICATION CODE(S): _____