

**CITY OF VESTAVIA HILLS, ALABAMA BUSINESS APPLICATION**  
**The City Does Not Impose the Business License Tax in its Police Jurisdiction**

(CONFIDENTIAL)

<b>Complete and Mail/Fax/Email To:</b>
<b>CITY OF VESTAVIA HILLS</b> 1032 Montgomery Highway Vestavia Hills, AL 35216  (205) 978-0100 Fax (205) 978-0132 *Contractors License: (205) 978-0125 Fax (205) 978-0213

<b>Applicant Complete This Box</b>	
FEIN _____	_____
ST of ALA TAX # _____	_____
<b>FORM OF OWNERSHIP (Check One)</b>	
Sole Prop. _____	Partnership _____
Corp. _____	Prof Assoc _____
LLC _____	Other _____

*Please Print or Type*  
**SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION**

**Application Type :** New \_\_\_\_\_ Owner Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

**Legal Business Name :** \_\_\_\_\_

**Trade Name:** (If different from above) \_\_\_\_\_

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

**Business Activities:**(Brief description- Retail clothing sales, contractor, specialty trade contractor, rental of industrial equip., computer consulting, etc)\_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
 (Street, including bldg number & suite number) (City) (State) (Zip)

**Mailing Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip)

**Telephone:** \_\_\_\_\_  
 (Business) (Cell/Pager) (Home Phone)

**Name & Phone # for Contact Person (owner)** \_\_\_\_\_ ( ) \_\_\_\_\_

**Email address for contact:** \_\_\_\_\_

**List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary)**

Name	Residence Address	SSN (if not publicly traded co.)	Title
------	-------------------	----------------------------------	-------

**Date Business Activity Initiated or Proposed in Vestavia Hills:** \_\_\_\_\_ **# of Employees in Vestavia Hills:** \_\_\_\_\_

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.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**THIS AREA FOR MUNICIPAL USE ONLY**

**NAICS #** \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ **License Clerk:** \_\_\_\_\_

**PHYSICAL LOCATION:**  CITY  POLICE JURISDICTION  OUTSIDE CORP LIMITS & PJ

**Tax Types:**  Sales/Seller's Use  Consumer Use  Rental  Lodgings  Alcohol  
 Occupational  Tobacco  Gas/Motor Fuel  Business License

**Tax Filing Frequency:**  Monthly  Quarterly  Annual  Other \_\_\_\_\_

**Business Type:**  Retail  Wholesale  Building Contractor  Service  Professional  
 Manufacturer  Rental  Other \_\_\_\_\_

PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

- PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE SHADED AREA AT THE BOTTOM.
  - FORM SHOULD BE TYPED OR PRINTED LEGIBLY
  - FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS
  - FORM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE MUNICIPALITY
- 

⇒ IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE MUNICIPALITY PLEASE USE THAT ADDRESS ON THE FRONT OF THIS FORM. (Complete separate forms for each physical location in the city)

⇒ *AFTER COMPLETING THIS FORM IT CAN BE MAILED, SENT BY FAX, OR WHERE POSSIBLE, SENT BY ELECTRONIC MAIL TO THE MUNICIPALITY.*

⇒ UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

---

ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31 (or February 15), WITH THE FOLLOWING EXCEPTIONS:

INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1

---

This form is intended as a simplified, standard mechanism for businesses to initiate contact with a municipality concerning their activities within that city. A business license will be required prior to engaging in business. If a business intends to maintain a physical location within the city, there are normally zoning and building code approvals required prior to the issuance of a license.

In certain instances, a business may simply be required to register with the city to create a mechanism for the reporting and payment of any tax liabilities. If that is the case, you will be provided the materials for that registration process.

The completion and submission of this form does not guarantee the approval or subsequent issuance of a license to do business. Any prerequisites for a particular type and location of the business must be satisfied prior to licensing.

---

---

SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER ON THE FRONT OF THIS FORM TO OBTAIN MORE DETAILED EXPLANATION.

**OCCUPANCY RELEASE**

**To be completed by Owner:**

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

Business Address: \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

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

**\*\*\*Home Occupations, Please Complete Page 4 of Application if located in City Limits\*\*\***

**To be completed by the City Clerk's Office:**

Current Zoning \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

City Clerk/Zoning Inspector: \_\_\_\_\_

Comments: \_\_\_\_\_

**To be completed by Building/Fire Department:**

- |                                      |  |                                    |                                     |                                   |
|--------------------------------------|--|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Business    | <input type="checkbox"/> Mercantile    | <input type="checkbox"/> Office    | <input type="checkbox"/> Storage    | <input type="checkbox"/> Assembly |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Institutional | <input type="checkbox"/> Education | <input type="checkbox"/> Industrial | <input type="checkbox"/> Other    |

Building Construction: Type: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

Construction Required: Type: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Building Official: \_\_\_\_\_

Fire Official: \_\_\_\_\_

Improvements Required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

**HOME OCCUPATION INFORMATION**

**To be completed by owner:**

Are you the primary resident in the home in which you will be conducting business:

Are there any employees in your business?

If yes, do the employees come to/go from your home?

Do Customers come to/go from your home?

Do you have inventory to be stored on-premise?

Do you have frequent and/or large deliveries to your home?

Do you do any type of repair from your home?

Does your business require any outdoor or large machinery (i.e. lawn mowers, etc)?

If yes, where is this machinery stored when not in use?

**\*\*\* Please note, this home occupation questionnaire DOES NOT apply to residents of LIBERTY PARK. Home occupations in the residential areas of Liberty Park can only be approved by the Vestavia Hills City Council by Conditional Use Approval. For Details on Conditional Use Approval, please contact the Vestavia Hills City Clerk, 205-978-0131.**

Signed: \_\_\_\_\_  
Owner of Business