

CITY OF VESTAVIA HILLS BUSINESS LICENSE APPLICATION

Complete and Mail/Fax/Email To:

City of Vestavia Hills
 Attn: Finance Department
 1032 Montgomery Hwy
 Vestavia Hills, AL 35216
 Ph: (205)978-0157 Fax: (205)978-0132
 Email: crice@vhal.org

Contractor's Licensing & Permits
 Ph: (205)978-0125 or (205)978-0147
 Web: <https://vhal.org/departments/building-safety/>



Applicant Complete This Box

FEIN # _____
 Alabama Tax # _____

FORM OF OWNERSHIP (Check One)

Sole Prop. Partnership
 Corp. Prof Assoc
 LLC Other

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 # _____ **#** _____ **#** _____ **#** _____ **Senior Revenue Examiner:** _____

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**
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⇒ **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?

Signed: _____
Owner of Business