

**Mail or Fax Completed Form To:**

RDS/AlaTax  
Business License Dept.  
PO Box 830725  
Birmingham, Alabama 35283  
Fax Number 205-423-4099  
Phone 800-556-7274

**Application for Temporary Business License**  
**ALL FIELDS MUST BE COMPLETED**  
**Application Good for 30 Days from Date Signed**  
**Applicant must sign or the temporary license is invalid.**

**See Reverse Side for Instructions**  
**And Further Information**

Name of Municipality:

**TOWN OF LOXLEY**  
**P.O. BOX 9**  
**LOXLEY, ALABAMA 36551**

**Application Type:**  Renewal  New Business  Name Change  Owner Change  Location Change

**Form of Ownership (Check One):**  Sole Prop  Corp  LLC  Partnership  Professional Assoc  Other \_\_\_\_\_

**RDS/AlaTax Acct Number** \_\_\_\_\_ **Date Business Activity Initiated/Proposed:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_

**Legal Business Name:** \_\_\_\_\_ **FEIN/Social Security #** \_\_\_\_\_

**Trade Name / DBA:** \_\_\_\_\_ (If different from legal name.)

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

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

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

**Telephone:** \_\_\_\_\_  
(Business) (Home) (Cell) (Fax)

**Name/Phone # for Contact Person:** \_\_\_\_\_ ( ) \_\_\_\_\_ **Title** \_\_\_\_\_

**List Names of Owners(s), Partners, or Officers** (Attach Separate Sheets if Necessary)

Name Residence Address SSN Title

This application has been examined and is, to the best of my knowledge, a true and complete representation of the above named entity, and person (s) listed. Failure to sign and date this application will make the application invalid. This application only good for 30 days from date signed.

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

**FOR MUNICIPAL USE ONLY FROM HERE DOWN:** Use below chart in order to calculate business license. If you do not have a copy of your fee schedule you may view it at [www.alatax.com](http://www.alatax.com)

**Physical Location:**  Incorporated City Limits  Police Jurisdiction  Outside Corporate Limits & PJ **\*\*Reminder\*\*** Businesses located within the PJ are charged one-half the normal rate.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Section Number	Type of License	Gross Receipts	Unit Amount (if applicable)	Flat/Base Fee	Additional Amount Due Based On Calculation	License Fee Due

**Penalty Info:** \_\_\_\_\_ **Issuance Fee:** \_\_\_\_\_  
**Total Collected:** \_\_\_\_\_

**Municipality, DO NOT MAIL CASH. Have checks made payable to:** Tax Trust Account and mail along with application to address indicated above.  
**Payment Method:** Check OR Cash (Circle One) **Payment Forwarded to RDS/AlaTax:** Yes OR No (Circle One)  
**Collected By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
All "Non-Paid" temporary applicants will be mailed a business license packet. You may fax "Non-Paid" applications to RDS/AlaTax Attn: Business License Dept at 205-423-4099.  
Upon receipt of all necessary information, including payment, RDS/AlaTax will process this temporary business license application and mail a permanent business license within 15 business days.