



Revenue Department
City of Opelika
204 South Seventh Street
Opelika, Alabama 36801
(334) 705-5160 or (334)705-5162
Fax: (334) 705-5163

BUSINESS LICENSE APPLICATION

PART I. BUSINESS INFORMATION

Type of Application: Renewal
Check one New License

Business Organization: Individual
Check one Partnership
 Corporation
 LLC
 Non-Profit

Type of License: Regular License
Check one Occupational License

License Change: Name Change Owner Change (Check one if applicable)

DBA/Trade Name: _____ FEIN: _____

Physical Location: Street Address: _____ Business Phone #: _____

City, State Zip: _____ Secondary Phone #: _____

Mailing Address: (if different from physical location)

Street Address: _____ City, State Zip: _____

Type of Business: (Complete description of any and all business activities and any activity which comprises 10% or more of the total gross receipts)

Do you have employees working in the city limits of Opelika? Yes No

PART II. OWNER INFORMATION

Owner's Name: _____ Social Security #: _____

Driver License#/State Issued: _____ Date of Birth: _____

State Certification #: _____ State Card: _____

Electrical and Plumbing contractors must have a \$5,000 surety bond.

PART III. CONTACT INFORMATION

Contact Name: _____ Phone #: _____

Email Address: _____ Fax #: _____

PART IV. LICENSE CALCULATION

License Fee: _____

Additional Fee: _____

Issuance Fee: _____

Penalty: _____

Total Due: _____

Signature of Owner or Legal Representative

Date

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.

All Requirements Must Be Verified and a License Requirement Verification Completed (where required) Before Issuance of License.



LICENSE REQUIREMENTS VERIFICATION

- Name Change
- Change of Ownership
- New Building/Addition
- Existing Building

Business License No.: _____ Use of Land Building: _____

Business Name: _____ Former Name: _____

Business Owner's Name: _____ Phone: _____

Address of License: _____

1. Zoning Classification: _____

Zone for Property

Type of Land Use

- Proper Classification: Yes No
- Home Occupation: Yes No
- Landscaping Requirements: Yes No N/A

Planning Department: _____ Date: _____
(334) 705-5156

2. Inspected for Building Code Compliance: Yes No N/A

Building Inspector: _____ Date: _____
(334) 705-5420

3. Inspected for Fire Code Compliance: Yes No N/A

Fire Inspector: _____ Date: _____
(334)705-5300

4. Meets all Sewer Assessment Requirements: Yes No N/A

Fees Paid _____

Public Works Director: _____ Date: _____
(334) 705-5413

5. Meets all Public Works Manual Requirements: Yes No N/A

City Engineer: _____ Date: _____
(334) 705-5450

6. Meets all County Health Requirements: Yes No N/A
(Food Only)

Permit No. _____

County Health Official: _____ Date: _____
Lee County Health Department, (334) 745-5765

7. Alcohol Beverage License Review: Yes No N/A
(Alcohol Beverage License Only)

Opelika Police Dept: _____ Date: _____
(334) 705-5200

NOTE: Verification Forms is based on Code of Ordinances, City of Opelika, Section 14-4. Applicant must receive signed approval from each City official before a license may be issued. (In some cases, the signature of the County Health Official and/or Opelika Police Dept. are not required.) If you have any questions, please contact:

City of Opelika Business License Department- (334) 705-5160
P. O. Box 390, 204 South 7th Street, Opelika, AL 36301-0390