



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

Type of License: Regular License
Check one Occupational License

LLC
 Non-Profit

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: (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: _____

Signature of Owner or Legal Representative

Additional Fee: _____

Issuance Fee: _____

Date

Penalty: _____

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.

Total Due: _____

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