



CITY of OPELIKA
Revenue Department

204 South 7th Street • P.O. Box 390
 Opelika, AL 36803-0390
 (p) 334-705-5160 (f) 334-705-5163
 revenue@opelika-al.gov

BUSINESS LICENSE and Tax Registration Application

Your application may be subject to further review and referred to PLANNING, PUBLIC WORKS, BUILDING INSPECTION & FIRE INSPECTION DEPARTMENTS. As part of the approval and clearance processes, inspections may be conducted as necessary. Please be advised that business cannot operate until approval has been obtained from all departments and purchase of a business license.

Application Type: New License Address Change effective date _____
 Renewal Owner Change effective date _____

Ownership: Individual Partnership Corporation LLC Non-Profit

Non-Profit organizations must provide a copy of their 501(c) 3 letter or other proof of non-profit status.

Business Name (DBA):	FEIN:
Physical Address:	Mailing Address: (If different from physical)
Email Address:	
Business Phone: ()	
Secondary Phone: ()	
Is this business conducted in/from a residence inside the city limits? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please obtain home occupation permit. See Planning Department 700 Fox Trail Opelika, AL 36801)	
Type of Business: <input type="checkbox"/> Contractor <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Other _____	
Brief description of activity (any activity which comprises 10% or more of the total gross receipts) _____ _____	
If your business falls under any of the following categories additional permits, or licenses may be required. (Please ask for additional information and/or specific forms.)	
Food vendor Vehicle for Hire Electrical Plumbing/Gas Fitters General Contractor Homebuilding Solicitor Cosmetology Landscaping HVAC Electronic Security Massage	
Electrical and Plumbing contractors must have a \$5,000 surety bond.	

Business Name _____

Owner Information

<u>Owner(s) Name:</u>	<u>If corporation, name of Officer:</u>
<u>Owner's Phone:</u>	<u>Social Security #</u>
<u>Driver License #/State Issued</u>	<u>State License #</u>

Contact Information

<u>Contact Name:</u>	<u>Contact Phone:</u>
<u>Email address:</u>	<u>Fax:</u>

Will above named company have workers in the city limits of Opelika? No Yes

If yes, W-2 or 1099 (circle one). See attached instructions for additional information.

Please list name, address and phone number of 1099 workers only.

Name	Address	Phone Number

Applicant(s) must initial beside each statement certifying that he or she has read, understand and agree to comply.

- Instructions: Business License and Tax Registration Application _____
- City of Opelika Sign Ordinance _____

I certify _____ the application has been examined by me and is to the best of my knowledge, a true and accurate representation of the above-named entity and person(s) listed.

Print	Signature	Title	Date
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