



BUSINESS LICENSE and Tax Registration

**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

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 of Application: Renewal
Check one New License

Business Organization: Individual
Check one Partnership

Type of License: Regular License
Check one Occupational License

Corporation
 LLC
 Non-Profit

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

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

DBA/Trade Name: _____ FEIN: _____

Physical Address: _____ Business Phone #: _____

City, State Zip: _____ Secondary Phone #: _____

Mailing Address: (if different from physical location)

Street Address: _____ City, State Zip: _____

Email Address: _____

Is this business conducted in/from a residence inside the city limits? No Yes

(If yes, please obtain home occupation permit. See Planning Department 700 Fox Trail Opelika, AL 36801)

Type of Business: Contractor Professional Manufacturing Wholesale Retail Service
 Other _____

Brief description of activity (any activity which comprises 10% or more of the total gross receipts)

NOTE: 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.

Will the 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

Owner Information

Owner's Name: _____ Owner's Phone #: _____

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

State Certification #: _____ Social Security # _____

Contact Information

Contact Name: _____ Phone #: _____

Email Address: _____ Fax #: _____

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.

Signature _____ Date _____

LICENSE CALCULATION

License Fee: _____

Issuance Fee: _____

Additional Fee: _____

Total Due: _____