

**City of Orange Beach
Finance Department
Business License & Tax Application**

Batch _____
Check _____
Amount _____
Int/Date _____

Application Type: New Owner Change Name Change Location Change

PLEASE PRINT OR TYPE

Organization Type: Sole Proprietorship Partnership Corporation Limited Liability Corporation

Legal Business Name: _____

Trade Name DBA _____ FIEN # _____

Physical Address STREET _____ CITY/STATE/ZIP _____

Mailing Address STREET _____ CITY/STATE/ZIP _____

Telephone: BUSINESS _____ FAX _____ HOME _____

Email Address _____

List Contact Person, Owner(s), Partners, and Officers (attach separate sheet if necessary):

NAME	TITLE	DRIVER LICENSE # & STATE	S.S. #	PHONE#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Business Type: Contractor Manufacturer Professional Retail Service
 Wholesale Other _____

Description of business activity: _____

Date of work _____ Does your company deliver in its own vehicles? Yes No

Job location _____ Gross Amount _____

If Subcontractor General-contractor name: _____

Home Builder License General Contractor Board Master Plumber HVAC Electrical

License # _____

This application has been examined by me and is, to the best of my knowledge a true and complete representation of the above named business and person(s) listed

Signed _____ Title _____ Date _____

CITY USE: Code _____ Start Date _____ Reviewed _____

Location: City Police Jurisdiction/Outside Corporate Limits

Tax: Sales Use Lease Lodging Beer Wine Tobacco Gas

Filing: Monthly Quarterly Occasional Taxes Not Applicable Taxes set up

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www.cityoforangebeach.com**