

APPLICATION TYPE: New Owner Change
 Name Change Location Change

Batch _____ CH/CA _____
Amount _____
Date/Int _____

City of Orange Beach Business License & Tax Application
Finance Department ♦ P.O. Box 1159 ♦ Orange Beach, AL 36561
251.981.6096 ♦ 251.981.2551 Fax

PLEASE PRINT FOR TYPE

Legal Business Name: _____

D.B.A. (if different from above): _____ FIEN # _____

Mailing Address: _____

Physical Address: _____

Telephone: (_____) _____ (_____) _____ (_____) _____
BUSINESS FAX HOME/CELL

Email Address: _____

Name/Phone Contact Person: _____

Names of Owner(s), Partner(s) or Officer(s) - Use back or attach separate sheet if necessary:

(NAME) (TITLE) (DRIVER LICENSE NUMBER) (PHONE)

(NAME) (TITLE) (DRIVER LICENSE NUMBER) (PHONE)

Description of Work: _____

Organization Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor
Business Type: <input type="checkbox"/> Contractor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Professional <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Other _____
Delivery Method: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Customer Pickup <input type="checkbox"/> Own Vehicle <input type="checkbox"/> UPS
Physical Location: <input type="checkbox"/> City <input type="checkbox"/> Police Jurisdiction/ Outside Corporate Limits

CONTRACTOR INFO: Date work begins _____ Contract Amount \$ _____
Job Location _____
If Sub, Name of General-Contractor: _____
<input type="checkbox"/> Home Builder License # _____ <input type="checkbox"/> HVAC # _____
<input type="checkbox"/> General Contractor Board # _____ <input type="checkbox"/> Mstr Plumber # _____

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.

Signature of Applicant _____

Title _____ **Date** _____

CITY USE License Liability Code _____
Territory Code _____ H-Zone _____ Start Date _____
Tax: <input type="checkbox"/> Sales <input type="checkbox"/> Use <input type="checkbox"/> Lease <input type="checkbox"/> Lodging <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Tobacco <input type="checkbox"/> Gas
Filing: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Occasional <input type="checkbox"/> Other
Reviewer _____ Mailed _____

