

CITY OF COLUMBIANA, ALABAMA BUSINESS APPLICATION

(CONFIDENTIAL)

Complete and Mail or E-Mail

City of Columbiana
107 Mildred Street
Columbiana, AL 35051
ctucker@cityofcolumbiana.com
(205) 669-5801

Please Print or Type
SEE ADDITIONAL PAGE FOR INSTRUCTIONS
AND FURTHER INFORMATION

Applicant Complete This Box

FIN
ST of Ala Tax #
Form of Ownership (Check One)
Sole Proprietor Partnership
Corporation Professional Assoc.
LLC Other

APPLICATION TYPE: NEW RENEWAL OWNER CHANGE NAME CHANGE LOCATION CHANGE

Legal Business Name:

Trade Name: (If different from above)

Business Activities: (Brief desc. - example. retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc)

Physical Address: (Street) (City) (State) (Zip)

Mailing Address: (Street) (City) (State) (Zip)

Telephone: (Business) (Fax) (Home Phone - In Case Of Emergency)

Email: AlaTax Acct.#: AlaTax Taxpayer Name:

Name/Phone # for Contact Person: () Cell ()

List Names of Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Name Residence Address SSN Title

Date Business Activity Initiated or Proposed in Columbiana: # of employees in Columbiana

Physical Address of business in Columbiana, Gross Receipts

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.

Date Signature Title

THIS AREA FOR MUNICIPAL USE ONLY

ACCOUNT ID # REVIEWED BY:

PHYSICAL LOCATION: CITY POLICE JURISDICTION OUTSIDE CORP LIMITS & PJ

ZONING CLASSIFICATION: BUILDING APPROVAL: YES NO N/A FIRE CODE

TAX TYPES: SALES/SELLER'S USE CONSUMER USE RENTAL LODGINGS ALCOHOL

OCCUPATIONAL TOBACCO GAS/MOTOR FUEL BUSINESS LICENSE

TAX FILING FREQUENCY: MONTHLY QUARTERLY ANNUAL OTHER

BUSINESS TYPE: RETAIL WHOLESALE BUILDING CONTRACTOR SERVICE PROFESSIONAL

MANUFACTURER RENTAL OTHER



PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

- PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE SHADED AREA AT THE BOTTOM.
- FORM SHOULD BE TYPED OR PRINTED LEGIBLY
- FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS
- FORM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE MUNICIPALITY

—▶ IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE MUNICIPALITY, PLEASE USE THAT ADDRESS ON THE FRONT OF THIS FORM. (Complete separate forms for each physical location in the City.)

—▶ UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31, WITH THE FOLLOWING EXCEPTION:

INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1

THIS FORM IS INTENDED AS A SIMPLIFIED, STANDARD MECHANISM FOR BUSINESSES TO INITIATE CONTACT WITH A MUNICIPALITY CONCERNING THEIR ACTIVITIES WITHIN THAT CITY. **A BUSINESS LICENSE WILL BE REQUIRED PRIOR TO ENGAGING IN BUSINESS.** IF A BUSINESS INTENDS TO MAINTAIN A PHYSICAL LOCATION WITHIN THE CITY, THERE ARE NORMALLY ZONING AND BUILDING CODE APPROVALS REQUIRED PRIOR TO THE ISSUANCE OF A LICENSE.

IN CERTAIN INSTANCES, A BUSINESS MAY SIMPLY BE REQUIRED TO REGISTER WITH THE CITY TO CREATE A MECHANISM FOR THE REPORTING AND PAYMENT OF ANY TAX LIABILITIES. IF THAT IS THE CASE, YOU WILL BE PROVIDED THE MATERIALS FOR THAT REGISTRATION PROCESS.

THE COMPLETION AND SUBMISSION OF THIS FORM DOES NOT GUARANTEE THE APPROVAL OR SUBSEQUENT ISSUANCE OF A LICENSE TO DO BUSINESS. ANY PREREQUISITES FOR A PARTICULAR TYPE AND LOCATION OF THE BUSINESS MUST BE SATISFIED PRIOR TO LICENSING.

SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER ON THE FRONT OF THIS FORM TO OBTAIN A MORE DETAILED EXPLANATION.

**CITY OF COLUMBIANA
FIRE/POLICE EMERGENCY INFO SHEET**

The Fire and Police Departments need this information for emergency responses to your business. Please complete this form as accurately as possible. It will aid the response time if your 911 address is posted on the exterior of you business where it is visible from the street.

Name of Business _____ Date _____
Physical Address _____
Mailing Address _____ City _____
State _____ Zip _____ Phone _____
Type of Business _____
Owner Name _____
Address _____ City _____
State _____ Zip _____ Phone _____

EMERGENCY CONTACT (local)

1. Name _____ Phone _____
Position _____ Key Holder Yes No
Address _____ City _____
State _____ Zip _____ Cell Or Pager _____
2. Name _____ Phone _____
Position _____ Key Holder Yes No
Address _____ City _____
State _____ Zip _____ Cell or Pager _____

BUSINESS LOCATION INFORMATION

Is there a Fire alarm Yes No
Fire Alarm Service Provider _____ Phone _____
Monitoring Provider _____ Phone _____
Sprinkler Provider _____ Phone _____
If Hazardous Materials are stored on the premises please list _____

Requirement - Floor plan of the buildings on property

Is there a Burglar alarm Yes No Is there a Robbery alarm Yes No
Burglar Alarm Service Provider _____ Phone _____

Ordinance #02-02-97 states It shall be unlawful for any person, firm, or corporation to operate or maintain an alarm system which transmit or emits three false alarms within any period of 12 consecutive months. Each such false alarm over the limit shall be considered a separate offense. \$50 for each offense.

Cleaning Service after hours _____ Phone _____
Property Insurance Agent _____ Phone _____
Knox Box Yes No _____ Phone _____
Number of Elevators on the Property _____

Signature

City of Columbiana * Business License Investigation Report

Date _____
Name of Business _____ Business Phone _____
Mailing Address _____ Personal Phone _____
Physical Address of Business _____
Applicant/Owner Name/Address _____
Type of Business Activity _____

Will applicant/Owner be constructing a building? Yes [] No [] N/A [] Applicant may not construct a building until a Zoning Certificate has been issued by the Zoning Official. Applicant may not occupy building or operate business until a Certificate of Occupancy has been issued by the Building Official.

Will any of the following modifications be made to an existing structure or site?
Partitions added/deleted Yes [] No [] Doors moved Yes [] No [] Any: Electrical Yes [] No []
Structural modifications Yes [] No [] Change to Egress Yes [] No [] Plumbing Yes [] No []
Changes to signage Yes [] No [] Change to parking Yes [] No [] HVAC Yes [] No []
Gas Piping Yes [] No []

If answering "Yes" to any modification questions, a permit may be required. If said permit has not been issued, upon receipt/review of this form you will be contacted by the City Department responsible for such permit. Note that an applicant beginning work prior to obtaining a required permit may incur penalties.
*NOTE: Intentional falsification of any statement contained in this application is a criminal offense as provided in Section 13A-10-109 Code of Alabama.

Signature of Applicant _____

TO BE COMPLETED BY OFFICE:

Planning

Permitted Use _____ Zoning Designation _____
Complies with City's Comprehensive Plan Yes [] No [] N/A []
If "No" explain _____
Concerns _____
Approved Yes [] No [] N/A [] Signature _____ Date _____

Building Permit Issued Yes [] No [] N/A [] Date _____ C.O. Yes [] No [] N/A [] Date _____
Concerns _____
Approved Yes [] No [] N/A [] Signature _____ Date _____

Utilities Sewer tap paid _____ Activated _____ Water tap paid _____ Activated _____
Garbage service [] City [] Dumpster - Activated _____ Account# _____
Approved Yes [] No [] N/A [] Signature _____ Date _____

Fire Date Inspected _____
Concerns _____ Date _____
Approved Yes [] No [] N/A [] Signature _____ Date _____

Police Alarm Permit# _____
Concerns _____
Approved Yes [] No [] N/A [] Signature _____ Date _____

Revenue Regulation by State Yes [] No [] N/A [] (attach a copy of certification.)
License Number _____ Have all departments Approved Yes [] No [] N/A [] I have examined the above review information and determined that the appropriate approvals exist for issuance of said business license.

Revenue Official Signature _____ Date _____