Please check if applicable.
_____I do not own rental property in Sheffield

Fill in Name as sent to you.
Sign & Date at the bottom.
Return to City of Sheffield.

CITY OF SHEFFIELD
REVENUE DEPARTMENT

P.O. Box 380, Sheffield, AL 35660, 256-386-5606

*****Privilege License Renewal*****

Year_____

Please fill out the form completely listing all properties below. This privilege license pertains to all rental property in the City of Sheffield owned by you. Make copies if needed. If you have questions please call our office between 8:00 AM and 4:30 PM, Monday-Friday.

Name_____ **Phone**_____
Mailing Address_____ **Fax**_____
City, State, Zip_____ **E-mail**_____
Business Name (if applicable) _____

Property Types:

RR – Rental Residential

FR – Family Residential (family members live in property rent free)

VR – Vacant Residential (hasn't been rented and will not be rented)

OR – Owned Residential (your residence)

RC – Rental Commercial

VC – Vacant Commercial (not for rent)

OC – Owned Commercial (your business)

L – Lot (there is no longer a building on the property)

MS – Mini-Storage

Type of Property	Address of Property	#of Units	Gross Receipts	License Fee
			Total License Fee	
			Issuance Fee	$10.0
			***Penalty**	
			Total Due	

Office Use Only: Cash/Check Ck #_____
Date Paid_____

For each residential property the cost is $75 minimum or $15 per unit if more than 5 units. (Example, 1 house is $75.00. Apt house with 10 apts is $150.)
For each commercial property the cost is $50 per unit plus 1/10 of 1% of Gross Receipts exceeding $50,000. ($1 per $1000 of gross receipts exceeding $50,000)
For each mini-storage property the cost is $5 per unit plus 1/10 of 1% of Gross Receipts exceeding $50,000. ($1 per $1000 of gross receipts exceeding $50,000)

If you have circumstances that you feel exclude you from this license, please make a brief statement on the back of this sheet and list properties involved. This application must be signed and dated to be processed. Applications are renewable every January. * Payments made after January 31 will be assessed a 15% penalty, payments made after February 29 will be assessed a 30% late penalty.

I declare under the penalties of perjury that this application for license has been examined by me and to the best of my knowledge and belief is a true, correct, accurate and complete statement.

I would like to receive future renewals by Mail_____**Fax**_____**E-mail**_____

Date_____Signature_____