

CITY OF SHEFFIELD, ALABAMA BUSINESS APPLICATION

Complete & Mail to:
City of Sheffield
P.O. Box 380
Sheffield, Alabama 35660
256-386-5606 Fax 256-386-5604
E-Mail catchley@sheffieldalabama.org

(CONFIDENTIAL)

NAICS Codes:

Account #: _____

Open Date: _____

Please fill out completely. Make any necessary changes. Failure to complete & sign will result in a delay in issuing business license. See page 2 for fee calculation schedules.

Business Name: _____ **DBA** _____

ATTN: _____

Mailing Address: _____

City, St, Zip: _____

If Physical Address if different from Mailing Address please list:

Physical Address: _____

Sheffield businesses only:

Do You own or rent this property? _____

City,St,Zip: _____

If you rent, who is the owner? _____

APPLICATION TYPE NEW RENEWAL OWNER CHANGE NAME CHANGE LOCATION CHANGE

If you are required to pay sales tax, please list your STACS Account Number and Name:

STACS # _____ STACS Name _____

If necessary, have you been approved by: Fire Marshall _____ Health Department _____ ABC Board _____

Can you show proof of: State License _____ Insurance _____

Business Activities: (ex: Retail Clothing, Wholesale Food, Rental of Industrial Equipment, Computer Consulting, etc.)

CONTACTS:

Business Phone: _____

Business Fax: _____

E-Mail: _____

Contact Person for License Information: _____ Contact Person's Phone: _____

If located in Sheffield:

Please provide a responsible party to be called in case of emergency at the business location after hours. This information will be made available to the Police Department.

Name: _____

Phone Number: _____

OWNERS:

List Names of Owners, Partners, or Officers (Attach a separate sheet if necessary)

I would like my renewals sent to me by E-Mail _____ Fax _____ US Postal Mail _____

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

Date: _____ **Signature:** _____ **Title:** _____

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Fee Calculations:

_____ Payment is Due by January 31
Penalties are 15% on February 1 and 30% on March 1.

License #1 Amt: \$ _____

License #2 Amt: \$ _____

License #3 Amt: \$ _____

License #4 Amt: \$ _____

License #5 Amt: \$ _____

Issuance Fee: \$ 10.00
xxxxxxxxxxxx

Total Amt Due: \$ _____

If paid after January 31 add 15% penalty. If paid after February 28 add 30% penalty.

Penalty Amt: \$ _____

_____ License Due: \$ _____

Office Use Only:

Cash/Check _____

Check # _____

Date Paid _____

Make checks payable to:
City of Sheffield
Mail to:
Sheffield Revenue Dept.
Attn: Christi Atchley
P.O. Box 380
Sheffield, Al 35660

- Checklist:**
1. Fill out application in full
 2. Make any necessary changes
 3. Sign & Date application
 4. Calculate Amount Due
 5. Return application and payment.

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