



LICENSE APPLICATION

CITY OF FAIRHOPE, ALABAMA

P.O. Box 429

Fairhope, AL. 36533

Phone: (251) 928-2136 Fax: (251) 928-6776

BUSINESS NAME

BUSINESS TYPE:

Proprietorship

Corporation

Partnership

BUSINESS STREET ADDRESS:

*16925 St. Hwy 181 Fairhope AL 36532

BUSINESS MAILING ADDRESS:

BUSINESS TELEPHONE NO.:

BUSINESS FAX NO.:

FULL NAME OF PROPRIETOR or PRINCIPAL:

HOME ADDRESS:

Street Address

CITY

ST

ZIP

HOME TELEPHONE NO.:

*TYPE OF BUSINESS? The 181 market WILL BUSINESS BE HOME BASED? YES NO

ESTIMATED ANNUAL BUSINESS REVENUE: \$

LICENSE FEE: \$

55.00

exp. Dec. 31ST (Annual)

MAIL / PHONE ONLY

YES

GENERAL CONTRACTOR

YES NO

License No:

ELECTRICAL

YES NO

License No:

PLUMBING

YES NO

License No:

HVAC

YES NO

License No:

RESIDENTIAL HOME BUILDER

YES NO

License No:

Information shown below must be for PROPRIETOR, PARTNER OR PRESIDENT

NAME OF APPLICANT:

BUSINESS TITLE:

DATE OF BIRTH:

SS #

DRIVER'S LICENSE NO:

ISSUING STATE:

NON-DRIVER I.D. NO:

SEX:

I, THE UNDERSIGNED APPLICANT, DO SWEAR OR AFFIRM THAT I AM A PRINCIPAL OF THE BUSINESS WHICH IS THE SUBJECT OF THIS APPLICATION, THAT THE INFORMATION SHOWN HEREIN IS TRUE, COMPLETE AND CORRECT AND THAT I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT HEREIN SHALL BE GROUNDS FOR NON-ISSUANCE OR REVOCATION OF LICENSE.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

For City Use Only:

File No:

Cat. No:

Date Issued:

Type Business:

License Fee:

License No. Issued:

By:

Revenue Officer