Send Completed Form To:

bizlicensesupport@avenuinsights.com Avenu Business License Dept.

PO Box 830900

Birmingham, Alabama 35283-0900 Fax Number 844-528-6529

Phone 800-556-7274

Application for Temporary Business License <u>ALL FIELDS MUST BE COMPLETED</u> <u>Application Valid for 30 Days Upon Receipt of Payment</u> Application must be signed by Applicant and City Official See Reverse Side for Instructions

File Online at www.	bizlicenseon	line.com
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Name of Municipality:				
License Year				

		siliess 🔲 ivalle	Change 🗌 Owne	er Change 🔲 Lo	ocation Change	
-	er:Date B	usiness Activity Init	iated/Proposed:		_ Number of Employees:	
					Multi Member ☐ LLP (Limite ation ☐ Other:	
egal Business Na	me:					
rade Name / DBA			(If different from	n legal name.) Em	ail Address:	
ederal Employer I	leral Employer Identification Number (FEIN):Social Security Number:					
Business Type: 🗆	Retail 🔲 Wholesale	☐Building Contrac	tor Service	☐ Professional	☐ Manufacturer ☐ Ren	tal
	Other	Desc	ribe the business y	ou are conductin	g:	
lailing Address:						
	(Street)		(City)		(State)	(Zip)
hysical Address:	(Street Address Only "No PC	Box")	(City)		(State)	(Zip)
elephone:			. "			
	(Business)		(Home)		(Cell)	(Fax)
lame/Phone # for	Contact Person:		()		Title:	
ontact Email Add	ress:					
ist Names of Own	ers(s), Partners, or Officer	s (Attach Separate S	heets if Necessary)			
Name	Residence	Address	SSN		Title	Phone
eturned check policy a	t www.avenuinsights.com.				e resubmission of the returned iter	
ate.	oignature					
Use below cha	rt in order to calculate bus		tion for Municip u do not have a cop		lle, you may view it at <u>www.</u> a	evenuinsights.com.
F	Physical Location: Incorpo **Remind	er** Businesses loca	_ Police Jurisdicti ted within the PJ are	on Outside C charged one-half	corporate Limits & Outside P the normal rate.	J
Column A	Column B	Column C	Column D	Column E	Column F	Column G
Section Number	Type of License	Gross Receipts (If Required)	Unit Amount (Applies if fee is based upon a "number" of units)	Flat/Base Fee	Additional Amount Due Based On Calculation	License Fee Due
	es of business conducted			Add colum	n E & F enter total in column G t	hen add down
Report all type						
Report all type						
Report all type						
Report all type					Penalty:	
Report all type					Interest:	
Report all type					Interest: Issuance Fee:	
Report all type					Interest:	
	DO NOT MAIL CASH. Have c	hecks made payable	to: "Tax Trust Acco	unt" and mail along	Interest: Issuance Fee:	
Municipality: D	OO NOT MAIL CASH. Have of: Check OR Cash (Circle Casture: Reviewed / Collecte	ne) Payment Forwa			Interest: Issuance Fee: Total Collected: with application to the address in	
Report all type						