

# Business License Application



Online Filing is Available  
Free-Fast-Secure-Step by Step  
[www.bizlicenseonline.com](http://www.bizlicenseonline.com)

All Fields Must Be Completed

Municipality Name:	Loxley(9330)	<input checked="" type="checkbox"/>
Dates--Due:	January 1st	Delinquent: February 1st
Current Year (License Year):	2020	
Purchasing different license year, indicate year:		
Date Business Activity Initiated/Proposed:		

Avenu Account No.: \_\_\_\_\_

NAICS: \_\_\_\_\_ [www.naics.com/search/](http://www.naics.com/search/)

## Instructions:

- All municipalities are required to obtain a copy of individual/entities board certifications/permits prior to issuance of a business license. For a list of certifications, please visit our website here.
- To determine license fee due see a full schedule listing at [www.revds.com](http://www.revds.com) or email our Business License Department at [bizlicensesupport@revds.com](mailto:bizlicensesupport@revds.com) with any questions or call 800-556-7274. Fax documentation toll free to 844-528-6529.

Federal Employer Identification No. (FEIN): \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Describe Business Conducted: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

(If different from legal name)

Trade Name / DBA: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(No PO Box Allowed) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

## Business License Calculation Grid (online filing available at <https://rds.bizlicenseonline.com/>)

Police Jurisdiction Definition: The area outside of the incorporated municipality limits as defined by local ordinance. Businesses physically located in the police jurisdiction are subject to purchase a business license per the municipality's ordinance at one-half the normal rate, if applicable. Please check the box if you are in the police jurisdiction but not in the incorporated city limit.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Report all types of business conducted		Units Required if Fee is based upon a "number" of units i.e. days, machines, etc.		Add Column E & F. Enter Total in Column G and then add down for Total Due.		
Schedule No. #/ Code	Type of License	Gross Receipts	Unit Amount	Fiat/Base Fee	Additional Amount Due Based on Calculation	License Fee Due
						\$
						\$
						\$
<b>Penalty Information: 15% penalty due February 1st plus 1% interest. Additional 15% penalty due March 2nd plus interest according to Section 40-1-44</b>						
Calculate Penalty (if applicable):						\$
Calculate Interest (if applicable):						\$
Issuance Fee:						\$ 12.00
<b>Total Due:</b>						<b>\$</b>

Make Check Payable To: Tax Trust Account      Mail To: Avenu Business License Dept. PO Box 830900 Birmingham, Alabama 35283-0900

Sworn Statement: I hereby swear that the amount of capital invested or value of goods, stocks, furniture and fixtures or amount of sales or receipts as required for disclosure in order to obtain a business license has been examined by me and to the best of my knowledge is true, correct, and complete. I understand issuance of license does not permit business operation unless business is properly zoned, and/or in compliance with all applicable laws/rules.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at [www.revds.com/taxpayer/return-check-disclaimer](http://www.revds.com/taxpayer/return-check-disclaimer).



ACCOUNT REGISTRATION FORM  
 ALL FIELDS MUST BE COMPLETED  
 Application must be signed by Applicant  
 One Application per Physical Location per Municipality  
 Visit [www.avenuinsights.com](http://www.avenuinsights.com) for more information.

Avenu Account No. \_\_\_\_\_  
 Name of Municipality: Loxley(9330)

For most tax types, online filing is available at [www.salestaxonline.com](http://www.salestaxonline.com), [www.hoteltaxonline.com](http://www.hoteltaxonline.com), or [www.bizlicenseonline.com/](http://www.bizlicenseonline.com/).

Application Type (Check One):  New Business  Renewal  Name Change  Owner Change  Location Change Date of Change \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Trade Name / DBA (If different from legal name): \_\_\_\_\_

Business Mailing Address: (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

General Contact Information: Name \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Would you prefer to communicate with us in Spanish?  Yes  No Would you prefer electronic communication when available?  Yes  No

Date Business Activity Initiated/Proposed: \_\_\_\_\_ Local No. of Employees: \_\_\_\_\_ No. of Employees Company-Wide: \_\_\_\_\_

**Ownership Information:**

Form of Ownership (Check One):  Sole Proprietorship\*  Corporation  LLC-Single Member  LLC-Multi Member  General Partnership  
 LLP (Limited Liability Partnership)  Governmental Agency  Professional Association  Other: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_

\*Note: Sole Proprietors must provide SSN. All other businesses must provide either SSN or FEIN on application per Act 2014-430.

**Owner(s), Partners, or Officers Information (Attach Separate Sheets if Necessary; (Residential Addresses Only-- No PO Boxes)**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Business Description/Information -- (To Be Completed for Each Physical Location, Street Address Only - No PO Boxes ) Residential Address (Choose One)  Yes  No**

Doing Business As for this Physical Location: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Location (choose one):  Incorporated City Limits  Police Jurisdiction  Outside Corporate Limits & Outside PJ

Business Type (choose one):  Retail  Wholesale  Building Contractor  Service  Professional  Manufacturer  Rental  Delivery Only

Describe the business you are conducting: \_\_\_\_\_ NAICS Code: \_\_\_\_\_  
[www.naics.com](http://www.naics.com)

**Indicate the tax types required for each physical location. (Use additional sheets if necessary)**

Types (Indicate all needed):  Sales Tax  Sellers Use  Consumers Use  Rental Tax  Lodgings Tax  Alcohol Tax  Tobacco  
 Occupational  Gas/Motor Fuel  Business License/Certificate  Permit  BID/DID  Other AL Sales Tax No: \_\_\_\_\_

Rates (Indicate all needed):  General Rate  Automotive Rate  Mfg. Machine Rate  Agricultural Rate  Amusement Rate  Vending

Note: Your municipality may require the purchase of a Business License in order to conduct business in addition to filing other tax types. Online filing for business licenses for municipalities administered by Avenu is available at <https://rds.bizlicenseonline.com>. See [www.avenuinsights.com](http://www.avenuinsights.com) for more information.

**Contact Information for this location:**

Name \_\_\_\_\_ Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Sworn Statement:** This application has been examined and is, to the best of my knowledge, a true and complete representation of the above-named entity and person(s) listed. Failure to complete the application in full, sign, and date this application will make the application invalid.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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