City of Priceville, Alabama
Annual Business License Form

License # _____

LICENSEE NAME: _____ DUE DATE: _____

BUSINESS NAME: _____ EFFECTIVE DATES: _____

BUSINESS ADDRESS: _____ SS NUMBER: _____

_____ DRIVER'S LICENSE: _____

BUSINESS PHONE: _____ FEDERAL TAX ID: _____

BUSINESS EMAIL: _____ OWNERSHIP: _____

Form of Ownership: ☐ Sole Prop ☐ Corporation ☐ LLC. ☐ Partnership ☐ Other: _____

SIGN & UPDATE ALL BUSINESS INFORMATION ON THIS FORM

Please enter the correct Gross Receipts on the lines provided below in order to calculate this year's License Total Amount Due. To calculate these fees refer to the City's license rate schedule or call (256) 355-5476 for assistance.

Return this form, with any attachments and payment, to the City of Priceville. When applicable, include a copy of your State Card (s), Health Department Certificate, and General Liability Insurance with this enclosed form. If you are no longer doing business in the City, Please check the box below.

☐ NO LONGER IN BUSINESS

Make checks payable to City of Priceville – Mail all required documentation and payment to: 242 Marco Drive
Decatur, AL 35603

***REQUIRED* BUSINESS LICENSE SIGNATURE**

The undersigned person declares that under the penalties of perjury the renewal for this license has been examined and to the best of their knowledge believes it is a true, accurate, and complete statement. The undersigned also declares that under the penalties of perjury he/she is a legal resident and/or citizen of the United States of America and has attached supporting documentation.

Signature: _____ DATE: _____

THIS RENEWAL FORM & REMITTANCE MUST BE RETURNED TO THE CITY HALL BY JANUARY 31ST

IF NOT PAID A 15% DELINQUENT FEE WILL BE ASSESSED ON FEBRUARY 1ST
IF NOT PAID A 30% DELINQUENT FEE WILL BE ASSESSED ON MARCH 1ST

PLEASE ENTER THE INFORMATION BELOW TO CALCULATE THIS YEAR'S LICENSE TOTAL AMOUNT DUE

ANNUAL GROSS RECEIPTS:	**$**

CHARGE DESCRIPTION	CALCULATIONS
Issuance Fee	$ 14.00
Business License Fee	$
Delinquent Fee (if applicable ~ see above)	$
Citation Fee (if applicable ~ $ 1.50)	$
TOTAL AMOUNT DUE	**$**