



# CITY OF CHELSEA

P.O. Box 111  
 Chelsea, AL 35043  
 (205)678-8455 FAX: (205)677-2040  
[businesslicense@cityofchelsea.com](mailto:businesslicense@cityofchelsea.com)

## Business License Application

Applicant complete this box

FEIN/SSN#: \_\_\_\_\_  
 State of AL Tax #: \_\_\_\_\_  
**Form of Ownership (Mark one)**  
 Sole Proprietor       Partnership  
 Corporation       LLC  
 Professional Assoc.       Other

APPLICATION TYPE:  NEW  RENEWAL  OWNER CHANGE  NAME CHANGE  LOCATION CHANGE

Date Business Activity Initiated/Proposed in Chelsea: \_\_\_\_\_ # of Employees in Chelsea: \_\_\_\_\_

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

DBA (if different than above): \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Contact #'s: \_\_\_\_\_  
(Business) (Fax) (Cell)

Contact Person & Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

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

DESCRIBE BUSINESS ACTIVITIES: \_\_\_\_\_

GROSS RECEIPTS: \$ \_\_\_\_\_ UNITS (If Applicable): \_\_\_\_\_

Please select & CHECK any applicable taxes for your business:

TAXES TO BE REMITTED:  SALES  SELLER'S USE  CONSUMER'S USE  RENTAL  LODGING  NONE

List Owner(s), Partners, or Officers (Attach separate sheet if necessary):

NAME                                      ADDRESS                                      SSN                                      TITLE

*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 sign & date this application will make the application invalid. This application is only good for 30 days from the date signed.*

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

### MUNICIPAL USE ONLY

Account #: \_\_\_\_\_ Circle Type of Business: *Retail* *Wholesale* *Contractor* *Service* *Professional*  
*Manufacturer* *Rental* *Other*

NAICS Code	Type of License	Additional Amount Based on Calculation	License Fee Due
NOTES:		Issuance Fee:	\$12.00
		Penalty & Interest:	
		<b>TOTAL DUE:</b>	

Payment Method: CASH CHECK MONEY ORDER CREDIT/DEBIT      Check #/Money Order #/Credit Tx #: \_\_\_\_\_

Collected By: \_\_\_\_\_ Date: \_\_\_\_\_