



**City of Enterprise
Revenue Department**

Enterprise, AL 36330 • (334) 348-2606 • Fax (334) 348-2613
P.O. BOX 311000, Enterprise, AL. 36331

No Physical Location Business License Application Checklist

Mail completed forms and applicable documents to:

**City of Enterprise
Revenue Department
PO Box 311000
Enterprise, AL 36331**

- Fully completed Business License Application signed by duly authorized person. The person listed must be listed on the requested Articles. If the person is not listed on the requested Articles, a letter of authorization must be provided on company letterhead to allow the individual to apply on behalf of the company. **If** providing the company's EIN, please omit any and all Social Security Number(s) on the application.
- Fully completed Declaration and Verification of Citizenship (DVC) Form signed by duly authorized person.
- If the company is an LLC or Corporation, a copy of the Articles of Organization/Incorporation.
- A copy of valid government issued identification of the authorized individual signing the business license application and DVC.
- Any and all applicable state board certifications.
- All applicable business license fees.
- Any other documentation or information required by the Revenue Department.



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APPLICATION DATE: _____	DATE OF INITIATED OR PROPOSED BUSINESS ACTIVITY: _____
FORM OF OWNERSHIP: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S-CORP	
APPLICATION TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> OWNERSHIP CHANGE <input type="checkbox"/> LOCATION CHANGE <input type="checkbox"/> NAME CHANGE	

LEGAL BUSINESS NAME: _____

DBA: _____

BUSINESS ACTIVITIES: _____

FEIN / SSN: _____

BUSINESS OWNER NAME: _____ BUSINESS TELEPHONE: _____

CONTACT PERSON: _____ TELEPHONE: _____

E-MAIL ADDRESS: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS:
 SAME AS PHYSICAL OTHER _____

CITY: _____ STATE: _____ ZIP: _____

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above-named entity and persons listed.

Authorized Signature: _____ Date: _____ Title: _____

THIS AREA FOR MUNICIPAL USE ONLY		
ACCOUNT ID:	REVIEWED BY:	DATE:
BUILDING APPROVAL:	BUSINESS CLASSIFICATION:	
TAX TYPES:	<input type="checkbox"/> SALES/SELLER'S USE	<input type="checkbox"/> CONSUMER USE
	<input type="checkbox"/> RENTAL	<input type="checkbox"/> LODGING
	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> OCCUPATIONAL
	<input type="checkbox"/> TOBACCO	<input type="checkbox"/> GAS/MOTOR FUEL
	<input type="checkbox"/> BUSINESS LICENSE	TAX FILING FREQUENCY:
	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> QUARTERLY
	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> OTHER _____
BUSINESS TYPE:	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE
	<input type="checkbox"/> BUILDING CONTRACTOR	<input type="checkbox"/> SERVICE
	<input type="checkbox"/> PROFESSIONAL	<input type="checkbox"/> MANUFACTURER
	<input type="checkbox"/> RENTAL	<input type="checkbox"/> OTHER _____

COUNCIL

SONYA W. RICH, District 1
EUGENE GOOLSBY, District 2
GREG PADGETT, District 3
SCOTTY JOHNSON, District 4
TURNER TOWNSEND, District 5

City of Enterprise

WILLIAM E. (BILL) COOPER, MAYOR
501 South Main
P. O. Box 311000
Enterprise, Alabama 36331-1000

CITY ADMINISTRATOR
JONATHAN TULLOS

CITY CLERK
BEVERLY SWEENEY

CHIEF FINANCIAL OFFICER
LEAHN SWARTZ, CPA

(334) 347-1211
(334) 348-2613 FAX

DECLARATION AND VERIFICATION OF CITIZENSHIP/AUTHORIZED ALIEN STATUS FORM

As per the provisions of State of Alabama Act 2011-535, the **Beason-Hammon Taxpayer and Citizen Protection Act**, I hereby declare that I am

_____ A Citizen of the United States.

_____ An Alien lawfully present in the United States

Printed Name: _____

Signature: _____ Date: _____



Boll Weevil Monument - The Only Monument in The World Glorifying A Pest

UPDATED: 11/23/2020