

# CITY OF SCOTTSBORO

## APPLICATION FOR ANNUAL PRIVILEGE (BUSINESS) LICENSE

Pursuant to Ordinance, a Privilege License must be obtained by any person, firm, or corporation engaged in certain activities, trades, businesses, vocations, occupations, professions, or exhibition within the City Limits or Police Jurisdiction of the City of Scottsboro, Alabama.

|                  |   |
|------------------|---|
| LEGAL NAME       | FEDERAL ID NUMBER OR SSN                      |
| DBA              | DATE BUSINESS BEGAN IN SCOTTSBORO<br>(      ) |
| PHYSICAL ADDRESS | PHONE NUMBER                                  |
| CITY             | STATE   |
| CITY             | STATE   |
| CITY             | STATE   |
| MAILING ADDRESS  | EMAIL ADDRESS                                 |
| CITY             | CURRENT BUSINESS LICENSE NUMBER               |
| CITY             | STATE   |
| CITY             | STATE   |
| CITY             | STATE   |

FORM OF OWNERSHIP (check one)    S - Sole Proprietor    P - Partnership    C - Corporation    L - LLC    O - Other

APPLICATION TYPE (check one)    NE - New    RE - Renewal    OC - Owner Change    NC - Name Change    LC - Location Change

Consult the index in the Privilege License Ordinance to determine the NAICS Code Number under which your business is classified.   ►   NAICS CODE \_\_\_\_\_

|  |       |       |     |       |     |
|--|-------|-------|-----|-------|-----|
| YOUR GROSS RECEIPTS  | \$.   | \$.   | \$. | \$.   | \$. |
| SEE THE NAICS CODE FOR THE CORRESPONDING FEE SCHEDULE NUMBER   ►   Minimum License | \$.   | \$.   | \$. | \$.   | \$. |
| Plus: _____ of 1% of Excess Sales of \$ _____                                      | = \$. | \$.   | \$. | \$.   | \$. |
| Plus: _____ of 1% of Excess Sales of \$ _____                                      | = \$. | \$.   | \$. | \$.   | \$. |
| Plus: No. of additional Pumps, Beds, Machines, etc. _____ @ _____                  | = \$. | \$.   | \$. | \$.   | \$. |
| Plus: No. of additional Pumps, Beds, Machines, etc. _____ @ _____                  | = \$. | \$.   | \$. | \$.   | \$. |
| Plus: No. of additional Pumps, Beds, Machines, etc. _____ @ _____                  | = \$. | \$.   | \$. | \$.   | \$. |
| Plus: Other Computations: _____  | = \$. | \$.   | \$. | \$.   | \$. |
| _____  | = \$. | \$.   | \$. | \$.   | \$. |
| <b>TOTAL PRIVILEGE LICENSE</b>   | \$.   | \$.   | \$. | \$.   | \$. |
| <b>PENALTY COMPUTATION FOR LATE RENEWAL</b>  |       |       |     |       |     |
| PENALTY - AFTER JANUARY 31 ..... 15 %  | \$.   | \$.   | \$. | \$.   | \$. |
| PENALTY - MARCH 1 AND THEREAFTER ..... 30 %  | \$.   | \$.   | \$. | \$.   | \$. |
| ISSUING FEE @ \$12.00 per LICENSE .....  | \$.   | 12 00 | \$. | 12 00 | \$. |
| _____  | \$.   | 12 00 | \$. | 12 00 | \$. |
| <b>TOTAL DUE</b>   | \$.   | \$.   | \$. | \$.   | \$. |

I certify that the information set forth hereinabove is true and correct according to my best knowledge, information and belief.

NAME OF BUSINESS OWNER(S) \_\_\_\_\_

CONTACT PERSON(S) \_\_\_\_\_ PHONE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_

Mail Application and Payment or  
Bring to the Address Below:  
Scottsboro City Hall  
316 S. Broad Street  
Scottsboro, AL 35768

Name of person completing application.

Shane McLemore - Revenue Officer

Whitney Phillips - City Clerk

Rick Wheeler - Finance Director