

City of Opelika, Alabama Business License Application
This City Does Not Impose the Business License in its Police Jurisdiction

Part 1. (CONFIDENTIAL)

Complete and Mail/Fax/Email To:
 City of Opelika - Revenue
 P.O. Box 390
 Opelika, Alabama 36803-0390
 lfinley@ci.opelika.al.us
 Telephone 334-705-5160
 Fax 334-705-5163

Rate Schedule _____
 New License _____
 Regular License _____
 Renewal _____
 Home Occupation _____
 Name Change _____
 Owner Change _____

Applicant complete This Box
 FEIN : _____
 St of Ala Tax #: _____
 Form Of Ownership: Check One
 Sole Prop. ___ Partnership ___
 Corp. ___ Prof Association ___
 LLC ___ Other ___

Part 2. *Please Print or Type*

Legal Business Name _____

Owner's Name _____

Trade Name (d/b/a) If Different From Above _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Number of Employees Working in Opelika

Part: 3
Owner Information: For Sole Proprietorship (For Partnership, List Information For One Partner)

Social Security # : _____

Driver License # : _____

Date of Birth : _____

Driver License State : _____

Part: 4
Contact Person: This must be completed

Contact Person _____ Phone # _____ Fax # _____ Email Address _____

Part: 5

 License Calculation : _____
 License Fee(s): _____
 Issuance Fee \$10 : _____
 Total Amount Due : _____

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 person(s) listed.

Signature _____ Title _____ Date _____

Business Activity: Briefly write in the space below a description of the business activities of the business . Describe any activity which comprises ten percent or more of the total gross receipts.

