CITY OF FOLEY, ALABAMA BUSINESS APPLICATION

(CONFIDENTIAL)

The City Does Impose the Business License Tax in its Police Jurisdiction

Complete and Mail or Fax To:		Applicant Complete This Box
CITY OF FOLEY **PO BOX 1750** **FOLEY, AL 36536** (251) 943-1545 Fax (251) 952-4014		FED ID #: _____ ST of ALA TAX # _____ FORM OF OWNERSHIP (Check One) Sole Prop. ____ Partnership ____ Corp. ____ Prof Assoc ____ LLC ____ Other ____

Please Print or Type

SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION

Application Type: New X **Owner Change** ____ **Name Change** ____ **Location Change** ____

Legal Business Name: Hickory Tires & Automotive

Trade Name: (If different from above) _____

Business Activities: (Brief description - Retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc.)

Sale of New and Used Tires - Installation -

Physical Address: 1021 N. Hickory St (STREET) Foley (CITY) AL (STATE) 36535 (ZIP CODE)

Mailing Address: _____ (STREET) _____ (CITY) AL (STATE) 36542 (ZIP CODE)

Telephone: (Business) X (Fax) X (Home Phone) 9[illegible]

Name & Phone # for Contact Person: Deidra Millen [illegible]-5920

Email Address for Contact: _____

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

Name	Residence Address	SSN (if not publicly traded co.)	Title
Deidra Millen			Owner
Rebecca Crafton		X	Mgr

Date Business Activity Initiated or Proposed in Foley: 12-30-17 **# of Employees** 2

Anticipated Gross Revenue in Foley through December 31: $ 20,000 (2018)

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. I understand that my license may be revoked for any false statements made herein.

Date 12-27-17 **Signature** _____ **Title** Owner-Mgr.

THIS AREA FOR MUNICIPAL USE ONLY

Account ID # _____ **Amount Paid $** _____ **Received By** _____ **Date** _____

PHYSICAL LOCATION: ☐ CITY ☐ POLICE JURISDICTION ☐ OUTSIDE CORP LIMITS & PJ

Pre-approval Form Complete: ☐ YES ☐ NO **NAICS Code(s)** _____

Tax Types: _____ **Remit To:** _____

Business Type: ☐ Retail ☐ Wholesale ☐ Building Contractor ☐ Service ☐ Professional ☐ Manufacturer ☐ Rental ☐ Other _____