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:

CITY OF FOLEY
PO BOX 1750
FOLEY, AL 36536

(251) 943-1545 Fax (251) 952-4014

Applicant Complete This Box

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 _____ **Owner Change** ✓ **Name Change** _____ **Location Change** _____

Legal Business Name: B and R 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.)

New Tires used tires sales Automotive service repair

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

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

Telephone: (Business) _____ (Fax) _____ (Home Phone) _____

Name & Phone # for Contact Person: Amanda L. Rawson Bond

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
Amanda Rawson Bond			Owner

Date Business Activity Initiated or Proposed in Foley: 12-8-16 **# of Employees** 2

Anticipated Gross Revenue in Foley through December 31: $ 2000.00 to 7,000.00

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 12-8-16 **Signature** Amanda Rawson Bond **Title** Owner

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 _____