

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		ST of ALA TAX#
PO BOX 1750		FORM OF OWNERSHIP (Check One)
FOLEY, AL 36536		Sole Prop. Partnership
(251) 943-1545 Fax (251) 952-4014		Corp. Prof Assoc LLC Other
Please Print or Type SEE REVERSE SIDE Application Type: NewO	FOR INSTRUCTIONS AND FU	RTHER INFORMATION
Legal Business Name: Hickory	,	ngo
Trade Name: (If different from above)		
Business Activities: (Brief description - Reta		al of industrial equip., computer consulting, etc.)
Physical Address: (STREET)	J. Hillory S	ST FORM 3 (0535)
Mailing Address: (STREET)	(CITY)	(STATE) (ZIP CODE)
Telephone: (Business) 251-943-	(uO (Fax)	(Home Phone)
Name & Phone # for Contact Person: Ananda Rauson Bond		
Email Address for Contact;		
List Following for Owner(s), Partners, or Name Residence Add		ot publicly traded co.) Title OwnGA Wengs
Date Business Activity Initiated or Pr		/ # of Employees
Anticipated Gross Revenue in Foley	through December 31: \$ <u>*\ \ \</u>	00 to \$2, [DD]
This application has been examined by me named entity, and person(s) listed. I unders	and is, to the best of my knowledge, a stand that my license may be revoked to	true and complete representation of the above or any false statements made herein.
Date 1 2 Signature		Title Owned
T (2)	S AREA FOR MUNICIPAL USE	ONLY
Account ID # Amount I	Paid \$\\\ L	<u> ΔΥ5</u> Date \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
PHYSICAL LOCATION: CITY Pre-approval Form Complete: YES		IDE CORP LIMITS & PJ
Tax Types: Jalen Tax	Remit To:	
Business Type: ☐ Retail ☐ Wholesale ☐ Building Contractor ☐ Service ☐ Professional ☐ Manufacturer ☐ Rental		
Other Od (ach 11/6/17	10 A

Date: 11/14/17

City of Foley Business License Pre-approval Form

Business Information	^		
Business Name: XILLOYUTIVES Contact Name: AMQ 15 A	a Dord		
Physical Address: 07 Why Karry Tines Ing AL	History it and a second		
Tax Parcel #: Phone Number			
*Parcol Information must be completed. Parcol I.D. # to listed on property tex receipts or may be obtained from the Baldwin Swe County Revenue Commission via it's website (http://www.revcomm.co.baldwin.at.us) or by calling (251)943-5001.			
Describe in detail the type of business you plan to conduct at this property;			
Sees & new used times + Labor	er.		
BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MY LICENSE CAN BE REVOKED FOR ANY FALSE STATEMENT MADE HEREIN,			
6)GNATURE OF APPLICANT PRINT	NAME		
Zoning Department Approval			
City of Foley zoning is not applicable for this property. Is this property zoned correctly for the type of business activity that is proposed? YES NO	Corporate City Limits 3 -Mile Equil- Jurisdiction		
Signaturo:	Olher . it		
Inspections Department Approval			
This business has met all requirements set forth Yes by the City of Foley inspections/Building Ospartment,	NG parting transmi		
Signature: 1/2//2			
Fire Department Approval			
This business has met all occupancy change requirements set forth by the Yea ** City of Foley Fire Department, but may be subject to a fire and life safety Inspection before opening ## business	No		
Fignature:			

Please note that this approval form is only for City of Foley requirements. Business, owners, are constituted to suffice to State and County laws, as well.

**Found no signs of anyone utilizing this structure for residential purposes.