

**Town of Priceville**  
**Business License Application**  
**(Confidential)**

(1) Business Name \_\_\_\_\_  
Name \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Email \_\_\_\_\_

All Contractors must attach a Certificate of Insurance or Fax 256-351-0563

(2) This license is based on the following rates: Schedule No. \_\_\_\_\_  
Total annual gross receipts of business \$ \_\_\_\_\_  
The entire receipt for the calendar year proceeding this taxable year.  
Use exact figures. Read section 12 of the license code for definition.

(3) License Fee \$ \_\_\_\_\_  
Based on applicable rates – If license tax computation is based on anything other than gross receipts, such as number of professional employees, number of barber chairs, automobiles rented, etc. Show basis of computation: \$ \_\_\_\_\_

(4) Additional Licenses \$ \_\_\_\_\_  
Other Sch. No. \$ \_\_\_\_\_  
Other Sch. No. \$ \_\_\_\_\_

(5) Total License \$ \_\_\_\_\_  
15% Penalty. 10% Interest of Total License. \$1.50 Citation Fee \$ \_\_\_\_\_  
(Read Section 15 of License Code.)  
Issuing Fee \$ 12.00  
**Total Due** \$ \_\_\_\_\_

**I SWEAR UNDER THE PENALTIES OF PERJURY THAT THE ABOVE IS A TRUE AND CORRECT STATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM ALSO AWARE OF TAX REQUIREMENTS. IF ANY, RELATIVE TO COLLECTION AND/OR PAYMENT OF CITY TAX FOR THE BUSINESS. IF NOT, I WILL INQUIRE.**

\_\_\_\_\_  
Date Signature Title

Mail or bring this form along with check for the amount due when apply for license.

Town of Priceville, 242 Marco Drive, Priceville, AL 35603

Phone: (256) 355-5476 Fax: (256) 351-0563

(Returns are due on January 1, and Delinquent after January 31)