

CITY OF PHENIX CITY

601 12TH Street
Phenix City, AL 36867

LICENSE DIVISION

TEL: (334) 448-2730
FAX: (334) 291-4742

NEW BUSINESS APPLICATION

Business Name (DBA/Trade Name):

Business Street Address:

Business Mailing Address:

(List only if different from street address)

Business Phone Number: () _____ - _____

Business Fax Number: () _____ - _____

Business Email Address _____

Type of Business:

Taxpayer I. D. Number:

State Certification Number:

Business Manager or Legal Representative:

Phone Number: () _____ - _____

Address (if different from above):

Corporate _____ P J _____

Business Owner Name(s):

1. _____

2. _____

Address:

Phone Number: () _____ - _____

SSN #: _____ - _____ - _____

Driver's License # () _____

State Issued

Date of Birth (mm/dd/yy) ____/____/____

Co-Owner Information (if applicable)

Address:

Phone Number: () _____ - _____

SSN # _____ - _____ - _____

Driver's License # () _____

State Issued

Date of Birth (mm/dd/yy) ____/____/____

Business Organization:

Individual _____

Partnership _____

Corporation _____

Signature of Legal Representative

Date: _____

OFFICE USE ONLY

MUST BE APPROVED BY CITY COUNCIL: YES _____ NO _____

ZONING APPROVED: YES _____ NO _____

CERTIFICATE OF OCCUPANCY #: _____

AUTHORIZED BY: _____ **DATE:** _____