



CITY OF CLAY

P.O. Box 20 Clay, AL 35048

TELEPHONE: OFFICE 205-680-1223 FAX 205-681-6266

APPLICATION FOR CITY BUSINESS LICENSE

Type of Business: _____

City Code # _____

Name: _____

Company Name: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____ Emergency Number: _____

License Fee(s) \$ _____

Issuance Fee \$ 5.00

Penalty \$ _____

Interest \$ _____

Total \$ _____

GIVE INFORMATION BELOW, WHERE APPLICABLE:

Alabama Sales & Use Tax Number: _____

Federal ID Tax Number: _____

Jefferson County Health Permit Number _____

ABC License Number _____

Electrician Master Card Number _____

Plumbers Master Card Number _____

HVAC Card Number _____

Home Builder Certification Number _____

State General Contractor Number _____

I hereby certify that all information reported above is true and correct.

Drivers License Number: _____ Social Security Nbr _____

Signature: _____ Date: _____

Printed Name: _____

THE ISSUANCE OF THIS BUSINESS LICENSE SHOULD NOT BE CONSIDERED AS APPROVAL BY THE CITY OF THE LICENSEE'S LOCATION FOR ZONING PURPOSES.