



LICENSE APPLICATION

CITY OF FAIRHOPE, ALABAMA

P.O. Box 429

Fairhope, AL. 36533

Phone: (251) 928-2136 Fax: (251) 928-6776

BUSINESS NAME _____
BUSINESS TYPE: Proprietorship Corporation Partnership

BUSINESS STREET ADDRESS: _____ City _____ ST _____ Zip _____

BUSINESS MAILING ADDRESS: _____ City _____ ST _____ Zip _____

BUSINESS TELEPHONE NO.: _____ BUSINESS FAX NO.: _____

FULL NAME OF PROPRIETOR or PRINCIPAL: _____

HOME ADDRESS: _____
Street Address _____ CITY _____ ST _____ ZIP _____

HOME TELEPHONE NO.: _____

TYPE OF BUSINESS? _____ WILL BUSINESS BE HOME BASED? YES NO

ESTIMATED ANNUAL BUSINESS REVENUE: \$ _____ LICENSE FEE: \$ _____

MAIL / PHONE ONLY YES

GENERAL CONTRACTOR	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License No: _____
ELECTRICAL	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License No: _____
PLUMBING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License No: _____
HVAC	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License No: _____
RESIDENTIAL HOME BUILDER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License No: _____

Information shown below must be for PROPRIETOR, PARTNER OR PRESIDENT

NAME OF APPLICANT: _____ BUSINESS TITLE: _____

DATE OF BIRTH: _____ / _____ / _____ SS # _____ -- --

DRIVER'S LICENSE NO: _____ ISSUING STATE: _____

NON-DRIVER I.D. NO: _____ SEX: _____

I, THE UNDERSIGNED APPLICANT, DO SWEAR OR AFFIRM THAT I AM A PRINCIPAL OF THE BUSINESS WHICH IS THE SUBJECT OF THIS APPLICATION, THAT THE INFORMATION SHOWN HEREIN IS TRUE, COMPLETE AND CORRECT AND THAT I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT HEREIN SHALL BE GROUNDS FOR NON-ISSUANCE OR REVOCATION OF LICENSE.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

For City Use Only:

File No: _____ Cat. No: _____ Date Issued: _____

Type Business: _____ License Fee: _____ License No. Issued: _____

By: _____

Revenue Officer

City of Fairhope, Business License Application
Home-Based Business Zoning Certification

* IF YOU HAVE OR USE OTHER NAMES (i.e. DBA, AKA,) YOU MUST SHOW SAME HEREON

<p>ZONING OFFICERS CERTIFICATE</p> <p>ZONING DISTRICT: _____</p> <p>CITY COUNTY</p> <p>COMMENTS: _____</p> <p>RECOMMEND APPROVAL DENIAL</p> <p>SIGNED: _____</p>	<p>ALTERNATE FOR EMERGENCY NOTIFICATION</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>TELEPHONE: _____</p>
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