

**TOWN OF WAVERLY  
BUSINESS LICENSE  
APPLICATION**

Complete and Mail to:  
TOWN OF WAVERLY  
PO BOX 115  
WAVERLY, AL 36879  
(334)887-0999  
waverlytownhall@bellsouth.net

FEIN: \_\_\_\_\_

STATE OF ALABAMA SALES TAX #: \_\_\_\_\_

FORM OF OWNERSHIP (CHECK ONE) \_\_\_\_\_ SOLE PROP \_\_\_\_\_ PARTNERSHIP  
\_\_\_\_\_ CORPORATION \_\_\_\_\_ PROF ASSOC \_\_\_\_\_ LLC \_\_\_\_\_ OTHER

APPLICATION TYPE: \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ OWNER CHANGE  
\_\_\_\_\_ NAME CHANGE \_\_\_\_\_ LOCATION CHANGE

LEGAL BUSINESS NAME: \_\_\_\_\_

TRADE NAME: (If different for above) \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NAME/PHONE FOR CONTACT PERSON: \_\_\_\_\_

LIST THE FOLLOWING FOR OWNER(S), PARTNERS OR OFFICERS, RESIDENTS  
ADDRESS AND SSN (if not publicly-traded company)

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BUSINESS ACTIVITY: Briefly write a description of the business activities of the business. Describe any activity which comprises ten percent or more of the total gross receipts:

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NUMBER OF EMPLOYEES WORKING IN WAVERLY: \_\_\_\_\_

IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE TOWN PLEASE USE THAT ADDRESS ON THIS APPLICATION.

THIS FORM IS INTENDED AS A MECHANISM FOR BUSINESSES TO INITIATE CONTACT WITH MUNICIPALITY CONCERNING THEIR ACTIVITIES WITHIN THE TOWN. IF A BUSINESS INTENDS TO MAINTAIN A PHYSICAL LOCATION WITHIN THE TOWN THERE ARE ZONING CODE APPROVALS REQUIRED PRIOR TO ISSUANCE OF A LICENSE.

THE COMPLETION AND SUBMISSION OF THIS FORM DOES NOT GUARANTEE THE APPROVAL OR SUBSEQUENT ISSUANCE OF A LICENSE TO DO BUSINESS. ANY PREREQUISITES FOR A PARTICULAR TYPE AND LOCATION OF THE BUSINESS MUST BE SATISFIED PRIOR TO LICENSING.

SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING PROCESS. PLEASE CALL THE NUMBER ON THE FRONT OF THIS FORM TO OBTAIN A MORE DETAILED EXPLANATION.

LICENSE FEE: 65.00

LICENSE INSUANCE FEE: 10.00

TOTAL AMOUNT DUE: 75.00

THIS APPLICATION HAS BEEN EXAMINED BY ME AND IS TO THE BEST OF MY KNOWLEDGE A TRUE AND COMPLETE REPRESENTATION OF THE ABOVE NAMES ENTITY AND PERSON LISTED.

DATE: \_\_\_\_\_ SIGNATURE AND TITLE: \_\_\_\_\_