Mail or Fax Completed Form To:
Avenu Business License Dept.
PO Box 830900
Birmingham, Alabama 35283-0900
Fax Number 844-528-6529
Phone 800-556-7274

Application for Temporary Business License
ALL FIELDS MUST BE COMPLETED
Application Valid for 30 Days Upon Receipt of Payment
Application must be signed by Applicant and City Official
See Reverse Side for Instructions
And Further Information

Online Filing available at https://rds.bizlicenseonline.com

Name of Municipality: _____

License Year _____

Application Type: ☐ Renewal ☐ New Business ☐ Name Change ☐ Owner Change ☐ Location Change

Avenu Acct Number: _____ **Date Business Activity Initiated/Proposed:** _____ **Number of Employees:** _____

Form of Ownership Required: (Check One) ☐ Sole Proprietorship ☐ Corporation ☐ LLC-Single Member ☐ LLC -Multi Member ☐ LLP (Limited Liability Partnership) ☐ General Partnership ☐ Governmental Agency ☐ Professional Association ☐ Other: _____

Legal Business Name: _____

Trade Name / DBA: _____ (If different from legal name.) **Email Address:** _____

Federal Employer Identification Number (FEIN): _____ **Social Security Number:** _____

Business Type: ☐ **Retail** ☐ **Wholesale** ☐ **Building Contractor** ☐ **Service** ☐ **Professional** ☐ **Manufacturer** ☐ **Rental** ☐ **Other** _____ **Describe the business you are conducting:** _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Physical Address: _____
(Street Address Only "No PO Box") (City) (State) (Zip)

Telephone: _____
(Business) (Home) (Cell) (Fax)

Name/Phone # for Contact Person: _____ ( ) _____ **Title:** _____

Contact Email Address: _____

List Names of Owners(s), Partners, or Officers (Attach Separate Sheets if Necessary)

Name	Residence Address	SSN	Title	Phone

Sworn Statement: **This application has been examined and is, to the best of my knowledge, a true and complete representation of the above named entity and person(s) listed. Failure to sign and date this application will make the application invalid. This application is only good for 30 days upon receipt of payment. I understand that the issuance of a license by Avenu does not permit business operation unless the business is properly zoned and/or in compliance with all applicable laws/rules.**

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.avenuinsights.com.

Date: _____ **Signature:** _____ **Title:** _____

This Section for Municipal Use Only

Use below chart in order to calculate business license. If you do not have a copy of a fee schedule, you may view it at www.avenuinsights.com.

Physical Location: Incorporated City Limits___ Police Jurisdiction___ Outside Corporate Limits & Outside PJ___
Reminder Businesses located within the PJ are charged one-half the normal rate.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Section Number	Type of License	Gross Receipts **(If Required)**	Unit Amount **(Applies if fee is based upon a "number" of units)**	Flat/Base Fee	Additional Amount Due Based On Calculation	License Fee Due
Report all types of business conducted				**Add column E & F enter total in column G then add down**		
					Penalty:	
					Interest:	
					Issuance Fee:	
					Total Collected:	

Municipality: DO NOT MAIL CASH. Have checks made payable to: "Tax Trust Account" and mail along with application to the address indicated above.

Payment Method: Check **OR** Cash (**Circle One**) **Payment Forwarded to AVENU:** Yes **OR** No (**Circle One**)

Municipal Signature: Reviewed / Collected By: _____ **Date:** _____

White-Avenu Copy Yellow-Municipality Copy Pink-Business Copy