

NEW BUILDING () EXISTING BUILDING () HEALTH PERMIT # _____

City of Bessemer
REVENUE DEPARTMENT
1806 - 3RD AVENUE, NORTH
BESSEMER, ALABAMA 35020-4999
(205) 424-4060 FAX: (205) 425-2820

BUSINESS LICENSE APPLICATION

Date: _____

Name of Business: _____

Name of Owner or Principal Officer: _____ / _____
Title

Description of Business Activity: _____

Contractors must attach a copy of certification if required

Amount and type of vending machines: _____

Physical Address of Business: _____

Mailing Address of Business: _____

Business Telephone: _____ Home/Home Office: _____

Fax Number: _____ Email: _____

Driver's License # of Owner or Principal Owner: _____ /State: _____

Date of Birth: _____ Social Security #: _____

Business Located: Inside City Limits () Outside City Limits ()

If the Business is located within the city, list emergency contacts.

1. _____ Home phone # _____

2. _____ Home Phone # _____

Number of Employees in the City: _____ Anticipated Opening Date: _____

I understand that I can not operate my business before I purchase a business license.

Applicant's Signature: _____

PLEASE DO NOT WRITE BELOW THIS LINE

.....
This building meets the zoning requirements for the City of Bessemer.

() The building has no violations of the building codes that create a danger to the public.

() The building is approved for license with noted exceptions: _____

Building Dept. Official / Date

This building has met the requirements for a business of the Fire Code of the City of Bessemer.

Fire Dept. Official / Date

List of items to be licensed: _____

Annual License () Half-Year License () Partial License ()
Total Amount Due: _____ Classification Code: _____

Account Number: _____ License Number : _____ Date Issued: _____

Need Occupational Tax Forms: Yes () No ()

Need Liquor Tax Forms: Yes () No ()

Need Rental/Lease Tax Forms Yes () No ()