

2024 Business License Application Checklist

Town of Phil Campbell
P.O. Box 489
580 Railroad Street
Phil Campbell, AL 35581
(205) 993-5313
PCBusinessLicense@gmail.com

Before applying for a Town of Phil Campbell Business License:

	If applying for a Legal Business Name and/or Structure (ex: LLC, LLP, Corp, etc.). Apply with the Alabama Secretary of State to register your name and structure on their website at www.sos.alabama.gov .							
	If applying for a Fede	eral Identification I	Number (FEIN). Apply with the Interr	nal Revenue Service at www.irs.g	OV.			
	Retail Businesses, ap	ply for an Alabama	a Sales Tax Number at <u>www.myalaba</u>	mataxes.alabama.gov.				
Busine	ess License Application	Requirements:						
	Complete ALL the ap	plication informati	on; if it does not apply to your busing	ess enter N/A.				
	A copy of at least one (1) owner/officer/partner's Driver's License.							
	A copy of ANY Certificate issued by a State of Alabama Licensure Board applicable to your business. (i.e., Franklin County Health Department, Medical License, General Contractors, Home Builders, Electrical, Plumbing and Gas Fitter, Mechanical, etc.)							
	Submit the complete	ed application and	ALL required documents via email, m	ail or in person:				
	E-mail:	PCBusinessLicens	e@gmail.com					
	Mail:		In Person:					
	Town of Phil Campb	ell	Contractors:	All Other Businesses:				
	P.O. Box 489		Phil Campbell City Hall	Phil Campbell City Hall				
	Phil Campbell, AL 35	5581	580 Railroad Street	580 Railroad Street				
New B		esses contact Ashle	at 205-993-5313 ext. 101 or clerkpco ey Harbin at 205-993-5313 ext. 102 o en of Phil Campbell:					
	verify that the propo	sed business meet	g Department. All businesses, including the Zoning Regulations and Uses Peand Zoning Department at (205) 993-	ermitted BEFORE you enter into a				
	•		Idings must be inspected by both the ling and Zoning Department at (205)					
		-	service establishments must be insp ovironmental Services at (205) 332-2		klin			



2024 Business License Application

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OFFICE USE						
Business License #:						
License Issuance Date:						
License mailed/emailed:						
Application Scanned:						

PCBusinessLicense@gmail.com

Application Type:	New	Renev	wal	Business Structure:		Sole Proprietorship			
	Name Change					Partnership			
	Owner Change					LLC			
	Physical Loca				Col		Corporation		
	FEIN/Structure				LLP		LLP		
Reactivate Account				Other					
Business Description/Activity (Be Specific)									
Legal Business Name				Trade Name (DBA)					
Physical Address of Business (street name, suite #, etc)				Mailing Address of Business (P.O. Box, Street Name, Suite #, Etc.)					
City	State	Zip Code	City State			Zip Code			
Federal ID (FEIN)				State of Alabama Tax ID/Sales Tax Number					
Business Phone				Email					
Contact Name				Contact Title					
Contact Phone				Contact Email					
Owner(s), Partners, or Officers (attach a separate sheet if necessary) * Please provide a copy of owner's driver's license							s license		
Name Title			Phone Number						
Home Address				Driver' License #					
City		State	Zip Code	Social Security Number					
Name Title			Title	Phone Number					
Home Address				Driver' License #					
City		State	Zip Code	Social Security Number					
Is the physical locat	mits of Phil Campbell	l? Ye	S		No				
Will sales, repair, and/or delivery people enter into the Tov				wn of Phil Campbell?	Ye	S		No	
Are you enrolled in E-Verify?				· · · · · · · · · · · · · · · · · · ·	Ye	S		No	
What date will you	of Phil Campbell?								

	Complete this se	ction only if your Bus	iness is locate	d INSIDE the Ph	il Campbell Town Lin	nits				
Complete this section only if your Business is located INSIDE the Phil Campbell Town Limits Do you own or rent the property? Own Rent										
Is the physical	location of your b		Yes	No						
•	usiness be conduc		Yes	No						
Renters, please fill out Property Owner Information:										
Property Own	er's Name		Property	Property Owner's Phone Number						
Address				Email Address						
City		State	Zip Code	Zip Code						
After-Hours Emergency Contacts (Must have access to building after hours)										
Name			Phone N	Phone Number						
Name			Phone N	Phone Number						
Security Alarm	Company Name		Company	Company Contact Number						
NAICS Code		Business Description	'	Fee Schedule	Gross Receipts	License Fee Due				
Penalty Fee: 15% Penalty due February 1 st plus interest. Additional 15 % penalty due March 2 nd plus interest. Penalty:										
Interes	t is calculated accor	ding to Section 40-1-44	of the Code of	Alabama 1975.	Interest:					
D		ORDINANCE NO 112 ODE OF THE TOWN OF F	DUIL CANADDELL		Issuance Fee:	\$14.00				
	ABAMA FOR THE Y	EAR 2007 AND EACH SU JLE OF LICENSES AND FE	BSEQUENT YEA		Total Amount Due:					
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. I certify that I have read and understand this application and provided truthful information. All laws and ordinances will be upheld at this business. I understand that a business license may be revoked if any information is incorrect and/or if any laws or ordinances are violated.										
Applicant's Signature T				Title Date						
CONTRACTOR NOTICE: Licensing from the Town of Phil Campbell DOES NOT constitute approval or issuance of a building permit. Building Permits must be obtained from the Building Inspector, all contractors must be licensed by the proper State of Alabama Licensing Board. (Home Builders Licensure Board, Licensing Board for General Contractors, Electrical Contractors Board, Plumbers & Gas Fitters Examining Board, and/or Board of Heating, Air Conditioning & Refrigeration Contractors Board.) All required licenses/certificates will be verified prior to issuance of building permits and business licenses.										
For Municipal Use Only										
Payment Meth	od: Cash	Check #	WIPP	Amount Paid:	Date:					
Zoning Classification: Reviewed/Approved: Other Requirements:										
Building Inspec	ction:	Fire Inspe								