City of Headland
25 Grove Street
Headland, AL 36345
(334) 785-5600

2017

APPLICATION

Type of Business	_____ Retail _____ Wholesale ____ Contractor _____ Service _____ Professional _____ Rental _____ Manufacturer _____ Other (Describe business)
Owner/Contact Name	
DBA	
Mailing Address	
City, State, Zip	
Phone Number	
FEIN/SSN#	
State Permit #	
E-Verify #	
Physical Address	
City, State, Zip	
Email Address	

Determining License Fee(s)

Use the table below to list the types of business to be conducted. List in Column A & B all the type(s) of business conducted. In Column C, report the amount requested if applicable. Column D only applies to those whose fee is based upon a "number" of units. Column E lists the base/flat fee. In Column F, you must report your additional amount due based upon calculation of license. Enter the sum of Column E and F in Column G. Total Column G down and include issuance fee.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Schedule Number	**Type of License**	**Gross Receipts**	**Unit Amount (if applicable)**	**Flat Base Fee**	**Additional Amount Due Based on Calculation**	**License Fee Due**
Any individuals/entities required to have a State Permit/Certificate/License must submit a copy of documentation with this application before the City of Headland can issue a business license.*						
For additional information or questions please contact Susan Money at (334) 785-5600 ext 2					**Issuance Fee:**	12.00
					Total:	

I hereby swear that the amount of capital invested or value of goods, stocks, furniture and fixtures or amount of sales or receipts as required for disclosure in order to obtain a business license has been examined by me and to the best of my knowledge is true, correct, and complete. I understand that issuance of license does not permit business operation unless business is properly zones and/or in compliance with all applicable State/City laws.

Signed:_____ Date_____

MUNICIPAL USE ONLY

ZONING COMPLIANCE OFFICER _____ DATE _____

FIRE MARSHALL _____ DATE _____