<table>
<tr><td>

Mail or Fax Completed Form To:
RDS
Business License Dept.
PO Box 830725
Birmingham, Alabama 35283-0725
Fax Number 205-423-4099
Phone 800-556-7274

</td><td>

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

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Name of Municipality:

_____

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

Form of Ownership (Check One): ☐ Sole Prop ☐ Corp ☐ LLC ☐ Partnership ☐ Professional Assoc ☐ Other _____

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

Legal Business Name: _____ **FEIN/Social Security #:** _____

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

Business Type: ☐ Retail ☐ Wholesale ☐Bldg Contractor ☐ Service ☐ Professional ☐Manufacturer ☐ Rental

☐Other _____ Describe the business you are conducting_____

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

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

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

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

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

Name	**Residence Address**	**SSN**	**Title**

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 issuance of license does not permit business operation unless business is properly zoned and/or in compliance with all applicable laws/rules.

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

FOR MUNICIPAL USE ONLY FROM HERE DOWN:
Use below chart in order to calculate business license. If you do not have a copy of your fee schedule you may view it at www.revds.com.

Physical Location: Incorporated City Limits___ Police Jurisdiction___ Outside Corporate Limits & PJ___
ReminderBusinesses 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 Info:	
					Issuance Fee:	
					Total Collected:	

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

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

Reviewed / Collected By: _____ **Date:** _____
All "Non-Paid" temporary applicants will be mailed a business license packet. You may fax "Non-Paid" applications to RDS Attn: Business License Dept at 205-423-4099.

Issuance of a business license by RDS 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 RDS due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. RDS is not responsible for any additional bank fees that will accrue due to there submission of the returned item. Please see the full returned check policy at www.revds.com/taxpayer/return-check-disclaimer.

White-RDS Copy   Yellow-City/Town Copy   Pink-Business Copy