

TOWN OF LOCUST FORK, ALABAMA

BUSINESS LICENSE APPLICATION

Please complete and mail to:

Town of Locust Fork
PO Box 67 / 34 Town Hall Rd.
Locust Fork, AL 35097

Phone Fax
(205) 681-4581 (205) 681-0388
locust4k@bellsouth.net www.locustfork.com

For Municipal Use Only

In Town Limits ☐ Yes ☐ No
In Police Jurisdiction ☐ Yes ☐ No

Approved by: _____ Date: _____

Amount Paid: _____ Date: _____

Notes: _____

Legal Business Name: _____

Trade Name: _____
(If different from above)

Business Activities: (Brief description, i.e. retail clothing sales, wholesale food sales, rental of industrial equipment, computer consulting, etc.)

Business Location Address:

Telephone: _____

Fax: _____

Contact Person: _____

Email: _____

Form of Ownership: _____

Mailing Address:

Tax ID Number: _____

NEW BUSINESSES ONLY

Start of Business Date: _____

No. of Employees in Locust Fork: _____

Owner(s), Partners or Officers

(If different from above – attach additional pages as necessary)

Name	Home Address	SSN	Title
_____	_____	_____	_____

This application has been examined by me and is, to the best of my knowledge and under penalty of perjury, a true and complete representation of the above named entity, and all person(s) listed.

Signature

Title

Date