

# 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](http://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:**  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**NEW BUSINESSES ONLY**

**Contact Person:** \_\_\_\_\_

**Start of Business Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**No. of Employees in Locust Fork:** \_\_\_\_\_

**Form of Ownership:** \_\_\_\_\_

### **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 \_\_\_\_\_