



BUSINESS LICENSE APPLICATION AND UPDATE

City of Hueytown, Alabama
Revenue Division
1318 Hueytown Road
Hueytown, AL 35023
Phone: (205) 491-7010
Fax: (205) 491-8793

All Businesses must complete and submit this form to the
City of Hueytown for consideration of business licensing.

Full Legal Name of Business: _____

DBA/Location Name: _____

Mailing Address: _____

Physical Address (no P.O. Boxes): _____

Telephone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

E-mail Address: _____ Company Location Inside City Limits Outside City Limits

Please describe Business Activities within the City of Hueytown in detail (e.g. method of sale, method of delivery, type of product and/or service) _____

Does company rent or lease goods? Yes No Date Business Began in Hueytown: _____

If you lease equipment or tangible property from others, provide the name and address of lessor and the type of equipment or tangible property leased: _____

Form of Organization: 1-Corporation 2-Partnership 3-Proprietorship (Individual)
 4-Professional Association 5-Other (describe) _____

Type of Business: 1-Manufacturing 2-Contractor 3-Wholesale 4-Retail 5-Other

Number of Employees in Hueytown _____ Federal Employer ID# _____

State of Alabama Sales Tax # _____ State of Alabama Lease Tax # _____

Give full name, titles and residence address of all Owner, Partners, or Corporate Offices:

NAME

TITLE

RESIDENCE or ADDRESS

(Attach additional pages if needed)

- AUTOMOBILE DEALERS, BARBERS, BEAUTICIANS, MASSAGE THERAPISTS AND CONTRACTORS MUST INCLUDE A COPY OF STATE CERTIFICATION.
- RESTAURANT OWNERS MUST PROVIDE CURRENT HEALTH DEPARTMENT CERTIFICATE.
- IF YOU SELL ALCOHOL, YOU MUST PROVIDE A COPY OF YOUR CURRENT ABC LICENSE.

THE CITY CANNOT ISSUE OR RENEW YOUR LICENSE WITHOUT THIS INFORMATION.

I HEREBY CERTIFY THAT ALL INFORMATION/STATEMENTS HEREIN ARE TRUE/CORRECT.

Signature of Applicant, Title and Phone Number

Date

FOR OFFICE USE ONLY

NAICS Codes _____

- Received All Required Certificates _____
- Zoning Approval (if needed) Council Approval (if needed)
- Background Check Received (if needed)

Transfer of Ownership Yes No If Yes, Bill of Sale copy received

Date Received: _____

Approved By: _____

CITY OF HUEYTOWN, ALABAMA
SALES, USE, LEASE RENTAL AND LIQUOR TAX REPORT

***** PLEASE DUPLICATE THIS FORM AS NEEDED *****

ACCOUNT NO. _____

MAIL THIS RETURN WITH REMITTANCE TO:

CITY OF HUEYTOWN

P.O. BOX 3650

HUEYTOWN, AL 35023

(205) 491-7010

REPORTING PERIOD _____

MONTHLY QUARTERLY ANNUAL
 (This return only for the business shown below)

TOTAL AMOUNT ENCLOSED

One Time Only
 Final Return. Change of Address on back of form

SEE BACK OF FORM FOR INSTRUCTIONS

Type of Tax/Tax Area	(A) Gross Taxable Amount	(B) Total Deductions	(C) Net Taxable Column A - Column B	(D) Tax Rate	(E) Gross Tax Due Column C X Column D
Sales (General) Food products, amusements, others not specifically defined on this form				4%	
Sales (Auto) New & used vehicles, truck trailers, house trailers				1%	
Sales (Machines & Agriculture) Farm machinery, machines, equipment, replacement parts in manufacturing				1%	
Automotive Retail selling price of property bought at wholesale withdrawn for use				1%	
Machines & Agriculture Retail selling price of property bought at wholesale withdrawn for use				1%	
All Other Retail selling price of property bought at wholesale withdrawn for use				4%	
Use Tax-Automotive				1%	
Use Tax-Machines & Agriculture				1%	
Use Tax-All Other				4%	
Lease Rental-Personal Property No discount applies				4%	
Lease Rental-Vehicles No discount applies				1%	
Liquor (Lounge Retail, Restaurant Retail) No discount applies				5%	

This return must be postmarked by the 20th of the month following the reporting period for which you are filing to be considered a timely return.

**** PENALTY** Failure to File: Item 1 X 10% or \$50 whichever is greater
 Failure to Pay: Item 1 X 10%

By signing this report I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to be the best of my knowledge and belief, a true and complete report for the period stated.

Date _____ Title _____

Phone (____) _____

Signature _____

(1) TOTAL TAX DUE (Total of Column E)	
(2) PENALTY **	
(3) INTEREST (Item 1 X 1% per month delinquent)	
(4) DISCOUNT 5% of 1st \$100.00 2% over \$100.00 APPLIES ONLY TO SALES TAX	Not to Exceed \$400
(5) NET TAX DUE (Item 1 - Item 4, if delinquent, Items 1+2+3)	
TOTAL AMOUNT DUE & ENCLOSED PAYABLE TO CITY OF HUEYTOWN	

Sales Tax / Use Tax

Automotive rate includes new and used automotive vehicles, truck trailers, semi-trailers, and mobile homes. General rate includes equipment and replacement parts used in agriculture production, machines and replacement parts used in manufacturing, compounding, mining and quarrying, gross receipts from places of amusement and entertainment devices, and all other tangible personal property.

Rental Tax

Due from the lessor on the total gross receipts from rentals in Hueytown.

Liquor Tax

Tax rate is 5% of total purchases.

Discount

5% of first \$100.00, 2% over \$100.00 if submitted prior to filing deadline. (Applies to Sales tax only)
Discount not to exceed \$400.00.

STANDARD DEDUCTION SUMMARY TABLE

(SUMMARY BELOW MUST BE COMPLETED TO CORRESPOND WITH TOTAL DEDUCTIONS ON FRONT OF TAX REPORT)

TYPE OF TAX	WHOLESALE SALES	AUTOMACH TRADE-INS	LABOR/ NON-TAXABLE SERV.	SALES DELIV. OUTSIDE JURIS	SALES TO GOVT OR ITS AGENCIES	SALES OF GAS OR LUBE OILS	OTHER ALLOWABLE DEDUCTIONS	TOTAL DEDUCTIONS
TOTAL DEDUCTIONS								

IF MORE SPACE IS NEEDED, ATTACH SUPPLEMENTARY SCHEDULE.

SCHEDULE OF WHOLESALE SALES

LIST TOTAL WHOLESALE SALES TO EACH CUSTOMER FOR PERIOD COVERED BY THIS RETURN; (NOT REQUIRED OF DEALERS WHOSE PRINCIPLE BUSINESS CONSISTS OF SELLING AT WHOLESALE)

CUSTOMER'S ACCT#	CUSTOMER NAME	ADDRESS	TOTAL AMOUNT SOLD TO EACH CUSTOMER
			\$
ATTACH ADDITIONAL SHEETS AS NEEDED			\$

NO CLAIM OF EXEMPTION FOR WHOLESALE SALES WILL BE ALLOWED UNLESS LISTED ABOVE AS REQUIRED

INSTRUCTIONS & INFORMATION CONCERNING THE COMPLETION OF THIS REPORT

- To avoid the application of penalty and/or interest amounts, this report must be filed on or before the 20th of the month following the period for which the report is submitted. Cancellation postmark will determine timely filing.
- A remittance for the total amount due made payable to the tax jurisdiction must be submitted with this report.
- This report should be submitted on a monthly basis unless you have requested and been approved for a different filing frequency.
- Any credit for prior overpayment must be approved in advance by the taxing jurisdiction.

FIRST REPORT: Give date business began: _____
Location: City _____ County _____

FINAL REPORT: Give date business closed: _____
Successor's Name: _____ Address: _____

ADDRESS CHANGE **CHANGE OF LOCATION** Date of Change: _____
Address: _____