

CITY OF SCOTTSBORO

APPLICATION FOR ANNUAL PRIVILEGE (BUSINESS) LICENSE

Pursuant to Ordinance, a Privilege License must be obtained by any person, firm, or corporation engaged in certain activities, trades, businesses, vocations, occupations, professions, or exhibition within the City Limits or Police Jurisdiction of the City of Scottsboro, Alabama.

This application is intended to aid you and the City Clerk, Finance Director, or Revenue Officer in determining the correct classification and computation of the amount of your current Privilege License. Upon completion of this form, you may mail or present it to the City Clerk, Finance Director, or Revenue Officer for approval.

BUSINESS NAME			FEDERAL ID NUMBER OR SSN			
PHYSICAL ADDRESS			DATE BUSINESS BEGAN IN SCOTTSBORO ()			
CITY	STATE	ZIP	PHONE NUMBER			
MAILING ADDRESS			EMAIL ADDRESS			
CITY	STATE	ZIP	CURRENT BUSINESS LICENSE NUMBER			

NEW LICENSE RENEWAL

Consult the index in the Privilege License Ordinance to determine the NAICS Code Number under which your business is classified.

	NAICS CODE				
YOUR GROSS RECEIPTS		\$.	\$.	\$.	\$.
SEE THE NAICS CODE FOR THE CORRESPONDING FEE SCHEDULE NUMBER	Minimum License	\$.	\$.	\$.	\$.
Plus: _____ of 1% of Excess Sales of \$ _____	=	\$.	\$.	\$.	\$.
Plus: _____ of 1% of Excess Sales of \$ _____	=	\$.	\$.	\$.	\$.
Plus: No. of additional Pumps, Beds, Machines, etc. _____ @ _____	=	\$.	\$.	\$.	\$.
Plus: No. of additional Pumps, Beds, Machines, etc. _____ @ _____	=	\$	\$	\$	\$
Plus: No. of additional Pumps, Beds, Machines, etc. _____ @ _____	=	\$	\$.	\$.	\$.
Plus: Other Computations: _____	=	\$.	\$.	\$.	\$.
_____	=	\$.	\$.	\$.	\$.
TOTAL PRIVILEGE LICENSE		\$.	\$.	\$.	\$.
PENALTY COMPUTATION FOR LATE RENEWAL					
PENALTY - AFTER JANUARY 31 15 %		\$.	\$.	\$.	\$.
PENALTY - MARCH 1 AND THEREAFTER 30 %		\$	\$	\$.	\$.
ISSUING FEE @ \$12.00 per LICENSE		\$.	12 00	\$.	12 00
TOTAL DUE		\$.	\$.	\$.	\$.

I certify that the information set forth hereinabove is true and correct according to my best knowledge, information and belief.

NAME OF BUSINESS OWNER(S) _____

DATE _____ SIGNATURE OF APPLICANT _____ TITLE _____

Mail Application and Payment or
Bring to the Address Below:
Scottsboro City Hall
316 S. Broad Street
Scottsboro, AL 35768

Shane McLemore - Revenue Officer
Whitney Phillips - City Clerk
Rick Wheeler - Finance Director