

Mail or Fax Completed Form To:
 RDS
 Business License Department
 PO Box 830900
 Birmingham, AL 35283-0900
 Fax Number 205-423-4099
 Phone 800-556-7274

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

Name of Municipality:
 Fayette, AL 35555

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

RDS Account Number _____ Date Business Activity Initiated/Proposed _____ Number of Employees _____

Form of Ownership (Check One) Required: Sole Proprietorship Corporation LLC-Single Member LLC-Multi Member
 LLP (Limited Liability Partnership) General Partnership Governmental Agency
 Professional Association Other _____

Legal Business Name _____

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

Federal Employer Identification Number (FEIN) _____ Social Security Number _____

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 for Contact Person _____ Phone _____ Title _____

List Name(s) of Owner(s), Partner(s) or Officer(s) (Attach separate sheet if necessary)

Name	Residence Address	SSN	Title

Sworn Statement 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.

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 their submission of the returned item. Please see the full returned check policy at www.revds.com/taxpayer/return-check-disclaimer

Date _____ Signature _____ Title _____

*** This Section For Municipal Use Only ***

Use below chart in order to calculate business license. If you do not have a copy of a fee schedule, you may view it at - www.revds.com -.

Physical Location Incorporated City Limits _____ Police Jurisdiction _____ Outside Corporate & Outside P J _____

**** Reminder**** Businesses located within the P J 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 based on "number" of units)	Flat/Base Fee	Additional Amount Due Based On Calculation	License Fee Due
Report all types of	businesses conducted			Add Columns 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 (Circle One): **Check** or **Cash** Payment Forwarded to RDS (Circle One): **YES** or **NO**

Municipal Signature: Reviewed/Collected By: _____ Date _____