

**CITY OF CULLMAN, ALABAMA  
BUSINESS APPLICATION**

(CONFIDENTIAL)

**Complete and Mail / Fax / Email To:**

City of Cullman  
P.O. Box 278  
Cullman, AL 35056-0278  
email: [cullrev@cullmancity.org](mailto:cullrev@cullmancity.org)  
Telephone: (256) 775-7109  
Fax: (256) 775-7132

**Applicant Complete This Box**

FEIN \_\_\_\_\_  
ST OF ALA TAX # \_\_\_\_\_  
**FORM OF OWNERSHIP (Check One)**  
Sole Prop. \_\_\_\_\_ Partnership \_\_\_\_\_  
Corp. \_\_\_\_\_ Prof Assoc \_\_\_\_\_  
LLC \_\_\_\_\_ Other \_\_\_\_\_

*Please Print or Type*

**Application Type:** New \_\_\_ Owner Change \_\_\_ Name Change \_\_\_ Location Change \_\_\_ Renewal \_\_\_

**Legal Business Name:** \_\_\_\_\_

**Trade Name:** (If different from above) \_\_\_\_\_

**Business Activities:** (Brief description - Retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Address:** (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Mailing Address:** (Street or P.O. Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Telephone:** (Business) \_\_\_\_\_ (Fax) \_\_\_\_\_

(Home Phone) \_\_\_\_\_ (Cell Phone) \_\_\_\_\_

**Name and Phone # for Contact Person**

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**Email address for contact:** \_\_\_\_\_

**List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary)**

Name                      Residence Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Business Activity Initiated or Proposed in Cullman:** \_\_\_\_\_

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

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

**SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE  
LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER  
ON THE TOP OF THIS FORM TO OBTAIN MORE DETAILED EXPLANATION.**

# CITY OF CULLMAN, ALABAMA ANNUAL BUSINESS LICENSE

**City of Cullman**  
**P.O. Box 278**  
**Cullman, AL 35056-0278**  
**Telephone: (256) 775-7109**  
**Fax: (256) 775-7132**

**★ REQUIRED INFORMATION ★**

Applicant Complete This Box	
FEIN OR SSN _____	_____
DRIVER'S LIC. # _____	_____
EXP. DATE _____	ATTACH COPY
FORM OF OWNERSHIP (Check One)	
Sole Prop. _____	Partnership _____
Corp. _____	Prof Assoc _____
LLC _____	Other _____

**License renewal is due on January 1 and becomes delinquent February 1.**  
 A 15% penalty is due if not paid by January 31 and a 30% penalty if not paid by March 1.

**Business Type:**  Retail  Wholesale  Contractor  Service  Professional  Manufacturer  Rental  Other

**Business Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Telephone:** \_\_\_\_\_  
(Business) (Fax) (Alternate Phone #)

**Owner / Officer's Name:** \_\_\_\_\_

Please verify your calculations, include the issuing fee, and mail your check to the address on the top of this form.

**LICENSE COMPUTATION AREA**

Lic. Schedule	Business Description	Gross Annual Receipts	Other Than Gross Receipts	License Amount Due
		\$	\$	\$
	<b>Total License Amount</b>	→	→	\$
	<b>Prior Year Adjustment</b>	→	→	\$
	<b>Penalty</b>	%	%	\$
	<b>Interest</b>			\$
				\$
	<b>Issuing Fee</b>	→	→	\$ 10.00
	<b>TOTAL AMOUNT DUE</b>	→	→	\$

I declare under the penalties of perjury that this application for license has been examined by me and to the best of my knowledge and belief is a true, correct, accurate and complete statement. Also, I am a citizen or legal resident of the United States.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature - Required for Acceptance

# CITY OF CULLMAN

## BUSINESS LICENSE RATE SCHEDULE

**If your schedule is not listed,  
please call for assistance - 256-775-7106 or 256-775-7109.**

### CONTRACTOR RATES

When gross annual receipts do not exceed \$10,000.00 .....\$100.00  
Plus 1/10 of 1% on all gross annual receipts in excess of \$10,000.00.

### RETAIL / SERVICE / RENTAL / RESTAURANT / BEAUTY SALON BARBER SHOP / NAIL SALON / AUTO REPAIR, ETC.

When gross annual receipts do not exceed \$10,000.00 .....\$100.00  
Plus 1/6 of 1% on all gross annual receipts in excess of \$10,000.00.

### PROFESSIONS AND VOCATIONS

Each person and each member of a firm, partnership or corporation engaging in any practice, vocation or profession shall pay a license based on his previous year's gross annual receipts as follows:

When gross annual receipts do not exceed \$25,000.00 .....\$150.00  
Plus 1/5 of 1% on all gross annual receipts in excess of \$25,000.00.

### MERCHANT - WHOLESALE RATES

When gross annual receipts do not exceed \$50,000.00 .....\$100.00  
Plus 1/10 of 1% on all gross annual receipts in excess of \$50,000.00.