

CITY OF CULLMAN, ALABAMA
ANNUAL ALCOHOL LICENSE RENEWAL FORM

LICENSE #:

LICENSEE NAME: _____

DUE DATE: _____

BUSINESS NAME: _____

EFFECTIVE DATES: _____

BUSINESS ADDRESS: _____

SS NUMBER: _____

BUSINESS PHONE: _____

DRIVER'S LICENSE: _____

BUSINESS EMAIL: _____

FEDERAL TAX ID: _____

OWNERSHIP: _____

SIGN & UPDATE ALL BUSINESS / CONTACT INFORMATION ON THE BACK OF THIS FORM

Please return this form with any attachments and payment, to the City of Cullman. You must attach a copy of your most current State ABC License, Tax Bond, and Liquor Liability Insurance with this enclosed form. If you are no longer doing business in the City, indicate on the back of this renewal and return the form to the office. For additional questions or assistance visit www.cullmanal.gov or contact the Office at (256) 775-7103.

Make checks payable to City of Cullman – Mail all required documentation and payment to: P.O. Box 278 Cullman, AL 35056-0278

THIS RENEWAL FORM & REMITTANCE MUST BE RETURNED TO CITY HALL BY JANUARY 31ST

IF NOT PAID A **15% DELINQUENT FEE** WILL BE ASSESSED ON **FEBRUARY 1ST**

IF NOT PAID A **30% DELINQUENT FEE** WILL BE ASSESSED ON **MARCH 1ST**

IF NOT PAID A **60% DELINQUENT FEE** WILL BE ASSESSED ON **APRIL 1ST**

IF NOT PAID BY **MAY 1ST**

AN ADDITIONAL \$200 CITATION FEE WILL BE ASSESSED AND LICENSE WILL BE REVOKED

PLEASE ENTER THE INFORMATION BELOW, TO CALCULATE THIS YEAR'S LICENSE TOTAL AMOUNT DUE

CHARGE DESCRIPTION	CHARGE AMOUNT DUE

DELINQUENT FEE	\$
LICENSE TOTAL AMOUNT DUE	\$

OFFICE USE ONLY

LICENSE CODE: ALCOHOL LICENSE

LICENSE TYPE:

LICENSE #:

THIS FORM **MUST** BE RETURNED WITH PAYMENT & ANY REQUIRED ATTACHMENTS

BUSINESS CONTACT INFORMATION

Provide the information below for all principal business contacts. Please provide an attachment with any additional officers if necessary.

	CONTACT 1	CONTACT 2	CONTACT 3
NAME	_____	_____	_____
TITLE	_____	_____	_____
PHONE	_____	_____	_____
EMAIL	_____	_____	_____

UPDATED BUSINESS INFORMATION

Please update the business information below, if the information is missing or incorrect on the front side of this form.

FORM OF OWNERSHIP ☐ SOLE PROP ☐ CORP ☐ LLC ☐ PARTNERSHIP ☐ PROF ASSC ☐ OTHER _____

LICENSEE (MAIL) NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

BUSINESS EMAIL _____

NO LONGER IN BUSINESS INFORMATION

Please update the business information below, if the business is no longer in service within the City of Cullman, Alabama.

INACTIVE REASON _____

INACTIVE DATE _____

***REQUIRED* BUSINESS LICENSE SIGNATURE**

The undersigned person declares that under the penalties of perjury the renewal for this license has been examined and to the best of their knowledge believes it is a true, accurate, and complete statement. The undersigned also declares that under the penalties of perjury he/she is a legal resident and/or citizen of the United States of America and has attached supporting documentation.

SIGNATURE: _____

DATE: _____