

# CITY OF CULLMAN, ALABAMA

LICENSE #:

## ANNUAL BUSINESS LICENSE RENEWAL FORM

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LICENSEE NAME:	_____	DUE DATE:	_____
BUSINESS NAME:	_____	EFFECTIVE DATES:	_____
BUSINESS ADDRESS:	_____	SS NUMBER:	_____
	_____	DRIVER'S LICENSE:	_____
BUSINESS PHONE:	_____	FEDERAL TAX ID:	_____
BUSINESS EMAIL:	_____	OWNERSHIP:	_____

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

Please enter the correct Gross Receipts or Other than Gross Receipts on the lines provided below in order to calculate this year's License Total Amount Due. To calculate these fees, refer to the chart on the back of this form or visit [www.cullmanal.gov](http://www.cullmanal.gov). For additional questions or assistance contact the Revenue Officer at (256) 775-7103.

Return this form, with any attachments and payment, to the City of Cullman. When applicable, include a copy of your State Card(s), Health Department Certificate, and General Liability 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.

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 31<sup>ST</sup>**

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

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

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PLEASE ENTER THE INFORMATION BELOW TO CALCULATE THIS YEAR'S LICENSE TOTAL AMOUNT DUE		
CHARGE DESCRIPTION	GROSS RECEIPTS OR OTHER THAN GROSS RECEIPTS	CALCULATED AMOUNT DUE
ISSUANCE FEE		12.00

DELINQUENT FEE	\$
<b>LICENSE TOTAL AMOUNT DUE</b>	<b>\$</b>

### **OFFICE USE ONLY**

LICENSE CODE: LICENSE PAYMENT

LICENSE TYPE:

LICENSE #:

**CITY OF CULLMAN BUSINESS LICENSE RATE SCHEDULE**

CONTRACTOR		RETAIL / SERVICE		PROFESSION / VOCATIONS		MERCHANT / WHOLESALE	
GROSS RECEIPTS	AMOUNT DUE	GROSS RECEIPTS	AMOUNT DUE	GROSS RECEIPTS	AMOUNT DUE	GROSS RECEIPTS	AMOUNT DUE
\$0 - \$10,000	\$100	\$0 - \$10,000	\$100	\$0 - \$25,000	\$150	\$0 - \$50,000	\$100
Over \$10,000	\$100 PLUS .001 on all GR over \$10,000	Over \$10,000	\$100 PLUS .00167 on all GR over \$10,000	Over \$25,000	\$150 PLUS .002 on all GR over \$25,000	Over \$50,000	\$100 PLUS .001 on all GR over \$50,000

IF YOUR SCHEDULE IS NOT LISTED ABOVE, PLEASE CALL FOR ADDITIONAL ASSISTANCE AT (256) 775-7103

**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: \_\_\_\_\_