

Fire Department _____

Police Department _____

FIRE/POLICE EMERGENCY INFO SHEET

The Fire and Police Departments need this information for emergency responses to your business. Please complete this form as accurately as possible. It will aid the response time if your 911 address is posted on the exterior of your business where it is visible from the street.

Name of Business _____ Date _____

Physical Address _____

Mailing Address _____ City _____

State _____ Zip _____ Phone _____

Type of Business _____

Owner Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

EMERGENCY CONTACT (local)

1. Name _____ Phone _____

Position _____ Key Holder Yes No

Address _____ City _____

State _____ Zip _____ Cell or Pager _____

2. Name _____ Phone _____

Position _____ Key Holder Yes No

Address _____ City _____

State _____ Zip _____ Cell or Pager _____

BUSINESS LOCATION INFORMATION

Is there a Fire alarm Yes No

Fire Alarm Service Provider _____ Phone _____

Monitoring Provider _____ Phone _____

Sprinkler Provider _____ Phone _____

If Hazardous Materials are stored on the premises please list _____

Is there a Burglar alarm Yes No Is there a Robbery alarm Yes No

Burglar Alarm Service Provider _____ Phone _____

Property Insurance Agent _____ Phone _____

Knox Box Yes No Number of Elevators on the Property _____ Phone _____

APPLICATION TYPE: New Owner Change
 Name Change Location Change

Batch _____
 Check _____
 Amount _____

PLEASE PRINT OR TYPE

Legal Business Name: _____ EIN or SS # _____

D.B.A. (if different from above): _____

Mailing Address: _____

Physical Address: _____

Telephone: (_____) BUSINESS (_____) FAX (_____) HOME/CELL

Email Address: _____

Name/Phone Contact Person: _____

Names of Owner(s), Partner(s), or Officer(s) – Use back or attach separate sheet if necessary:

NAME _____ TITLE _____ DRIVERS LICENSE NUMBER _____ PHONE _____

NAME _____ TITLE _____ DRIVERS LICENSE NUMBER _____ PHONE _____

Description of Work: _____ Gross Revenue _____

Will Drone be used: No Yes, If yes, Registration No. _____

Drone Operator Name _____ PHONE _____

Organization Type:

- Corporation
- LLC -copy required
- Partnership
- Sole Proprietor

Business Type:

- Contractor
- Manufacturer
- Professional
- Retail
- Service
- Wholesale
- Other _____

Delivery Method:

- Common Carrier
- Customer Pickup
- Own Vehicle
- UPS

Physical Location:

- City
- Police Jurisdiction/ Outside Corporate Limits

CONTRACTOR INFO: Date work begins _____ Contract Amount \$ _____

Job Location _____

If Sub, Name of General Contractor _____

Home Builder License # _____ HVAC # _____

General Contractor Board # _____ Mstr Plumber # _____

Electrical Contractor # _____

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.

Signature of Applicant _____

Title _____ Date _____

CITY USE License Liability Code _____

Territory Code _____ H-Zone _____ Start Date _____

Tax: Sales Use Lease Lodging Beer Wine Tobacco Gas

Filing: Monthly Quarterly Occasional Other _____

◆ Business License Investigation Report

Date _____

Name of Business _____ Business Phone _____

Mailing Address _____ Personal Phone _____

Physical Address of Business _____

Applicant/Owner Name/Address _____

Will applicant/Owner be constructing a building? Yes No *Applicant may not construct a building until a Building Permit has been issued. Applicant may not occupy building or operate business until a Certificate of Occupancy has been issued by the Building Official.*

Will any of the following modifications be made to an existing structure or site?

Partitions added/deleted Yes No Doors moved Yes No Any: Electrical Yes No
Structural modifications Yes No Change of Egress Yes No Plumbing Yes No
Changes to signage Yes No Changes to parking Yes No HVAC Yes No

If answering "Yes" to any modification questions, a permit may be required. If said permit has not been issued, upon receipt/review of this form you will be contacted by the City Department responsible for such permit. Note that an applicant beginning work prior to obtaining a required permit may incur penalties.

***Note:** Intentional falsification of any statement contained in this application is a criminal offense as provided in Section 13A-10-109 Code of Alabama.

Signature of Applicant _____

TO BE COMPLETED BY FOLLOWING:

Planning

Permitted Use _____ Zoning Designation _____ Complies with City's Comprehensive Plan Yes No

If "NO" explain _____

Concerns _____

Approved Yes No Signature _____ Date _____

Building

Permit Issued N/A Yes No C. O. N/A Yes No

Concerns _____

Approved Yes No Signature _____ Date _____

Fire

Number of fixtures (seats, etc.) _____ Occupancy limit _____ Date Inspected _____

Concerns _____

Approved Yes No Signature _____ Date _____

Police

Concerns _____ Alarm Permit # _____

Approved Yes No Signature _____ Date _____

Finance

Sewer Account Number _____ Number of taps _____

Signature _____ Date _____

Revenue

Regulation by State Entity Yes No (attach copy of certification). License Number _____ Have all departments Approved Yes No

I have examined the above review information and determined that the appropriate approvals exist for issuance of said business license.

Revenue Official Signature _____ Date _____