

TOWN OF SOUTH VINEMONT, ALABAMA BUSINESS APPLICATION

(CONFIDENTIAL)

Complete and Mail To:

TOWN OF SOUTH VINEMONT
PO BOX 130
VINEMONT, AL 35179
info@townofsouthvinemont.com
(256) 737-5411 Fax (256) 737-5411

2026

Applicant Complete This Box

FEIN or SSN# _____

ST of ALA TAX # _____

FORM OF OWNERSHIP (Check One)

Sole Prop. _____ Partnership _____
Corp. _____ Prof Assoc _____
LLC _____ Other _____

Please Print or Type

Application Type: New _____ (last year's business license # _____) (if known) Owner Change _____ Other _____

Legal Business Name: _____

Trade Name: (If different from above) _____

Business Activities : (Brief description- Retail clothing sales, wholesale food sales, rental of property, computer consulting, etc)

Physical Address: _____
(Street) _____ (City) _____ (State) _____ (Zip) _____

Mailing Address: _____
(Street) _____ (City) _____ (State) _____ (Zip) _____

Telephone: _____
(Business) _____ (Fax) _____ (Home Phone) _____

Name & Phone # for Contact Person _____ (_____) _____

Email address for contact: _____

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

Name _____ Residence Address _____ SSN (if not publicly traded co.) _____ Title _____

Date Business Activity Initiated or Proposed in South Vinemont: _____

Of Employees in South Vinemont _____

Gross receipts from sales of merchandise, tobacco, gas, rents, real estate, etc., (less taxes collected) in 2025 - _____

A _____ License amount due from gross receipts or delivery license

B + _____ License amount due from vending machines - # of machines x \$5.00 each machine

C= _____ Total license fee due

D+ _____ Late penalty + 15 % after January 31, additional 15% due after 60 days

E+ _____ 14.00 _____ Issuance Fee

F= _____ Total Due

INCLUDE COPIES OF STATE LICENSES OR CERTIFICATES AS REQUIRED

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.

Under penalty of perjury, I _____ (print name) the undersigned to hereby declare that I am a United States Citizen or that I am an alien lawfully present in the United States.

Driver's License Info (ATTACH COPY) Driver's License # _____ Expiration Date _____

Date _____ Signature _____ Title _____

With complete information provided, your Town of South Vinemont Business License will be mailed to you within 30 days of receipt of your payment.

THIS AREA FOR MUNICIPAL USE ONLY

PAID \$ _____

PAYMENT TYPE _____

RECEIVED _____

NAICS # _____

LICENSE # _____

PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

- Please complete all areas of the form except for the shaded area at the bottom
- Form should be typed or printed legibly
- Form should be dated and signed by an owner, partner, or officer of the business
- Form will initiate the process for registering or renewing your business with the municipality

- ⇒ If your business has a physical location within the municipality, please include that address as well as your mailing address. (Complete separate forms for each physical location in the town)
- ⇒ After completing this form, it can be mailed or brought in person to the Town Hall.
- ⇒ Upon receipt of the completed form, the municipality will provide any additional forms and information regarding other specific requirements to you in order to complete the licensing process.

All license renewals are due January 1 and delinquent after January 31 with the following exceptions:

INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1

This form is intended as a simplified, standard mechanism for businesses to initiate contact with a municipality concerning their activities within that city. A business license will be required prior to engaging in business. If a business intends to maintain a physical location within the town, there are normally zoning and building code approvals required prior to the issuance of a license.

The completion and submission of this form does not guarantee the approval or subsequent issuance of a license to do business. Any prerequisites for a particular type and location of the business must be satisfied prior to licensing.

Should there be any questions concerning the completion of this form or the licensing and/or registration process, please call the number on the front of this form to obtain a more detailed explanation.