

**Mail or Fax Completed Form To:**

RDS  
Business License Dept.  
PO Box 830725  
Birmingham, Alabama 35283  
Fax Number 205-423-4099  
Phone 800-556-7274

**Application for Temporary Business License**  
**ALL FIELDS MUST BE COMPLETED**  
**Application Good for 30 Days Upon Receipt of Payment**  
**Application must be signed by applicant and City Official**

**See Reverse Side for Instructions**  
**And Further Information**

Name of Municipality:

MONTEVALLO

**Application Type:**  Renewal  New Business  Name Change  Owner Change  Location Change

**Form of Ownership (Check One):**  Sole Prop  Corp  LLC  Partnership  Professional Assoc  Other \_\_\_\_\_

**RDS Acct Number** \_\_\_\_\_ **Date Business Activity Initiated/Proposed:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_

**Legal Business Name:** \_\_\_\_\_ **FEIN/Social Security #** \_\_\_\_\_

**Trade Name / DBA:** \_\_\_\_\_ (If different from legal name.)

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

Other \_\_\_\_\_ **Describe the business you are conducting** \_\_\_\_\_

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

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

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

**Name/Phone # for Contact Person:** \_\_\_\_\_ ( ) \_\_\_\_\_ **Title** \_\_\_\_\_

**List Names of Owners(s), Partners, or Officers (Attach Separate Sheets if Necessary)**

Name Residence Address SSN Title

This application has been examined and is, to the best of my knowledge, a true and complete representation of the above named entity, and person (s) listed. Failure to sign and date this application will make the application invalid. This application is only good for 30 days upon receipt of payment. I understand issuance of license does not permit business operation unless business is properly zoned, and/or in compliance with all applicable laws/rules.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**FOR MUNICIPAL USE ONLY FROM HERE DOWN:** Use below chart in order to calculate business license. If you do not have a copy of your fee schedule you may view it at [www.revds.com](http://www.revds.com)

**Physical Location:**  Incorporated City Limits  Police Jurisdiction  Outside Corporate Limits & PJ **\*\*Reminder\*\*** Businesses located within the PJ are charged one-half the normal rate.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Section Number	Type of License	Gross Receipts (Required)	Unit Amount (Applies if fee is based upon a "number" of units)	Flat/Base Fee	Additional Amount Due Based On Calculation	License Fee Due
Report all types of business conducted				Add column E & F enter total in column G then add down		

**Penalty Info:**

**Issuance Fee:** \_\_\_\_\_

**Total Collected:** \_\_\_\_\_

**Municipality, DO NOT MAIL CASH. Have checks made payable to:** Tax Trust Account and mail along with application to address indicated above.

**Payment Method:** Check OR Cash (Circle One) **Payment Forwarded to RDS:** Yes OR No (Circle One)

**Collected By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All "Non-Paid" temporary applicants will be mailed a business license packet. You may fax "Non-Paid" applications to RDS Attn: Business License Dept at 205-423-4099.

Issuance of a business license by RDS does not permit business operation unless the business is properly zoned and /or in compliance with all applicable laws/rules.

- Please complete all areas of the form in full.
  - The form should be typed or printed legibly.
  - The form should be dated and signed by an owner, partner, or officer of the business.
  - The form will initiate the process for registering your business with the municipality.
- 

If your business will have a physical location within the municipality, please use that address on the front of this form. (Complete separate forms for each physical location in the city)

After completing this form it can be mailed, sent by fax or where possible, sent by electronic mail to the municipality.

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 license process and collect fees due.

All license renewals are due January 1 and delinquent February 1, with the exception of insurance company licenses which are due January 1, delinquent March 2.

---

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 city, there are normally zoning and building code approvals required prior to the issuance of a license. In certain instances, a business may simply be required to register with the city to create a mechanism for the reporting and payment of any tax liabilities, contact municipality for any zoning, building code and/or tax liability requirements.

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.

All municipalities are required to obtain a copy of individual/entities board certifications and/or permits prior to issuance of a municipal business license.

Please provide a copy of your certification/permit along with your application if applicable.

Should you have 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.

Issuance of a business license by RDS does not permit business operation unless the business is properly zoned and/or in compliance with all applicable laws/rules.

---