CITY OF ARGO, ALABAMA
100 Blackjack Road
Argo, Alabama 35173
Phone (205) 352-2120 • Fax (205) 352-2118

APPLICATION FOR CITY BUSINESS LICENSE

SELECT THE TYPE OF BUSINESS:

DESCRIBE BUSINESS: ____________________________________________________________

Sales Representative: Yes No Delivery: Common Carrier Own Vehicle

DATE BUSINESS BEGAN IN ARGO: ________________________________________________

SELECT THE TYPE OF ORGANIZATION:

___ CORPORATION ___ LIMITED LIABILITY COMPANY (LLC) ___ OTHER: ________________

___ PARTNERSHIP ___ SOLE PROPRIETORSHIP

LEGAL BUSINESS NAME: _________________________________________________________

TRADE NAME (D/B/A/) ____________________________________________________________

FEIN ________________________ STATE OF AL TAX # __________________

LOCATION OF BUSINESS:

ADDRESS: ________________________________________________________________

CITY:____________________ STATE:___________ ZIP:____________________

PHONE NUMBER (local) (___)____________________________ FAX NUMBER (___) __________

CONTACT PERSON ___________________ PHONE NUMBER (emergency) (___)___________

EMAIL ADDRESS

MAILING ADDRESS (IF DIFFERENT):

ADDRESS: ________________________________________________________________

CITY:____________________ STATE:___________ ZIP:____________________

Date Business Activity Initiated or Proposed in Argo:________________________ # Employees in Argo ______

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.

_________________________________   _________________________
Date                      Signature                                Title