

Town of St. Florian
 83 St. Florian Rd
 Florence, AL 256-767-3690

Name of Municipality St. Florian License Year 2024
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Application for Business License
ALL FIELDS MUST BE COMPLETED

Application must be signed by Applicant and City Official

Application Type: Renewal New Business Name Change Owner Change Location Change
 Date Business Activity Initiated/Proposed: _____ Number of Employees: _____
 Legal Business Name: _____
 Trade Name/DBA: _____ Email Address: _____
 Federal Employer Identification Number (FEIN): _____ Social Security Number: _____

Business Type: Retail Wholesale Building Contractor Service Professional Manufacturer
 Rental Other _____ Describe the business you are conducting: _____

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

Physical Address: _____
 (Street Address Only "No PO Box") (City) (State) (Zip)

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

Name/Phone # for Contact Person: _____ () _____ Title: _____
 Contact Email Address: _____

Sworn Statement: 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 that the issuance of a license by Avenu does not permit business operation unless the business is properly zoned and/or in compliance with all applicable laws/rules.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Section Number	Type of License	Gross Receipts Required if renewal	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		
				\$14.00		
Penalty:						
Interest:						
Issuance Fee:						
Total Collected:						

Returned Check Disclaimer: Effective July 1, 2010 each returned item received by the Town of St. Florian due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Town of St. Florian is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item.

This Section for Municipal Use Only

Use below chart in order to calculate business license.

Physical Location: Incorporated City Limits Police Jurisdiction Outside Corporate Limits & Outside PJ

Reminder Businesses located within the PJ are charged one-half the normal rate.

Municipality: Have checks payable to: Town of St. Florian Payment Method: Check OR Cash
 (Circle one) Municipal Signature: Reviewed/ Collected

By: _____ Date: _____

Date: _____ Signature: _____ Title: _____