

UNIFORM MUNICIPAL BUSINESS LICENSE APPLICATION

The Town of Maplesville imposes its Business License tax within its Police Jurisdiction.

Complete and Mail or Fax to: Town of Maplesville  
P. O. Box 9  
Maplesville, AL 36750

334-366-4211 Phone  
334-366-4210 Fax

Please complete the following information:

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Sales/Use Tax ID: \_\_\_\_\_

Business Type (Give a brief description to the business activities.)  
\_\_\_\_\_  
\_\_\_\_\_

Number of Employees: \_\_\_\_\_

Ownership Type: Please check one.      \_\_\_ Sole Proprietor  
  \_\_\_ Partnership  
  \_\_\_ Corporation  
  \_\_\_ Limited Liability Company  
  \_\_\_ Other

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: \_\_\_\_\_

