

# TOWN OF BERLIN, ALABAMA BUSINESS LICENSE APPLICATION

COMPLETE ON-LINE AT: <https://berlinal.gov/business-licenses>

**\*\*CONFIDENTIAL\*\***

Complete and Mail To:

## TOWN OF BERLIN

461 COUNTY ROAD 1615  
CULLMAN, AL 35058  
CLERK@BERLINAL.GOV  
WWW.BERLINAL.GOV  
(256) 736-3138



# 2024

Applicant Complete This Box

FEIN or SSN #: \_\_\_\_\_

STATE OF ALABAMA TAX #: \_\_\_\_\_

### FORM OF OWNERSHIP

Sole Prop. \_\_\_\_\_ Partnership \_\_\_\_\_  
Corp. \_\_\_\_\_ Prof Assoc \_\_\_\_\_  
LLC \_\_\_\_\_ Other \_\_\_\_\_

APPLICATION TYPE: NEW LAST YEAR'S BUSINESS LICENSE #: \_\_\_\_\_ (if known) OWNER CHANGE: \_\_\_\_\_ OTHER: \_\_\_\_\_

LEGAL BUSINESS NAME: \_\_\_\_\_

TRADE NAME (DBA): (If different from above) \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
(Street) (Apt, Suite, etc.) (City) (State) (Zip)

MAILING ADDRESS: \_\_\_\_\_  
(Street) (Apt, Suite, etc.) (City) (State) (Zip)

TELEPHONE: \_\_\_\_\_  
(Business) (Fax) (Home Phone)

BUSINESS ACTIVITIES: \_\_\_\_\_

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

### BUSINESS CONTACT INFORMATION

(Provide the information below for all principal business contacts. Please provide an attachment with any additional officers if necessary.)

#### CONTACT 1

#### CONTACT 2

#### CONTACT 3

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE BUSINESS ACTIVITY INITIATED OR PROPOSED IN BERLIN: \_\_\_\_\_ # OF EMPLOYEES IN BERLIN: \_\_\_\_\_

### DRIVER'S LICENSE INFO (Attach Copy)

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

### CONTRACTORS

**MUST** send a copy of current State contractor's license, and any certification pertinent to your field. General Contractors must be licensed by the State of Alabama Board of General Contractors. Home Builders and other contractors must be properly licensed or certified as required by law.

**All contractors must provide a list of all subcontractors and suppliers with contact information. (Including name, address and phone number)**

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 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**

## MOST COMMON FEE SCHEDULES

(for complete list see <https://BerlinAL.gov/business-licenses>)

| GENERAL        |                 | DELIVERY         |                                                                   | INSURANCE - FIRE & MARINE |                                             | INSURANCE - OTHER |                                             |
|----------------|-----------------|------------------|-------------------------------------------------------------------|---------------------------|---------------------------------------------|-------------------|---------------------------------------------|
| GROSS RECEIPTS | AMOUNT DUE      | GROSS RECEIPTS   | AMOUNT DUE                                                        | GROSS RECEIPTS            | AMOUNT DUE                                  | GROSS RECEIPTS    | AMOUNT DUE                                  |
| Any            | .0005 on all GR | \$0 - \$75,000   | \$37.50                                                           | Any                       | .04 on all GR<br>from within<br>town limits | Any               | .01 on all GR<br>from within<br>town limits |
|                |                 | Over<br>\$75,000 | \$37.50 PLUS<br>.0005 on all GR<br>over \$75,000<br>within limits |                           |                                             |                   |                                             |

Gross receipts from sales of merchandise, tobacco, gas, rents, real estate, etc., (less taxes collected) in 2023 = \_\_\_\_\_

A \_\_\_\_\_ License amount due from gross receipts or delivery license

B+ \_\_\_\_\_ **Late penalty + 15 % after January 31, additional 15% due after 60 days**

C+ \_\_\_\_\_ ISSUANCE FEE = \$14.00 OR \$10.00 FOR DELIVERY LICENSE

D= \_\_\_\_\_ **TOTAL DUE**

### \*REQUIRED\* BUSINESS LICENSE SIGNATURE

The undersigned person declares that under the penalties of perjury the renewal for this license has been examined and to the best of their knowledge believes it is a true, accurate, and complete statement. The undersigned also declares that under the penalties of perjury he/she is a legal resident and/or citizen of the United States of America and has attached supporting documentation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM**

- Please complete all areas of the form except for the shaded area.
- 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 OF BERLIN\*\***
- ⇒ After completing this form, it can be mailed or brought in person to the Berlin Town Hall. (461 County Road 1615 Cullman, AL 35058)  
**\*\*IT IS PREFERRED THAT FORMS BE SUBMITTED ONLINE AT: <https://BerlinAL.gov/business-licenses>.\*\***
- ⇒ 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.

*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.*

#### THIS AREA FOR MUNICIPAL USE ONLY

AMOUNT PAID: \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

NAICS #(s): \_\_\_\_\_ BUSINESS LICENSE #: \_\_\_\_\_

APPROVED

DENIED