PRINT

TOWN OF TRINITY
ANNUAL PRIVILEGE LICENSE
(CONFIDENTAL)

PLEASE PRINT OR TYPE:

Legal Business Name: _____
D.B.A (if different from above): _____
FEIN# or SSN#: _____
Physical Address of Business: _____
City: _____ **State:** _____ **Zip:** _____
Mailing Address (if different) _____
City: _____ **State:** _____ **Zip:** _____
Telephone # _____ **Fax#** _____
Email Address: _____
Name/Phone # Contact Person _____

Total Annual Gross Receipts of Business $_____
Total License (If located in police jurisdiction ½) $_____
Issuing Fee @10.00 per License $_____
Penalty ---15% $_____
Interest—1% $_____

Organization Type
☐ **Corporation**
☐ **LLC**
☐ **Partnership**
☐ **Sole Proprietor**

Business Type:
☐ **Contractor**
☐ **Manufacturer**
☐ **Professional**
☐ **Retail**
☐ **Service**
☐ **Wholesale**
☐ **Other**

Delivery Method:
☐ **Common Carrier**
☐ **Customer Pick-Up**
☐ **Store Delivery**
☐ **UPS**

Physical Location
☐ **City**
☐ **Police Jurisdiction**
☐ **Outside Corporate Limits**

Brief Description of type of work _____
_____
Date work begins _____ Contract Amount $ _____
Job Location_____
If SUB, name of General- Contractor _____
Home Builder # _____ General Contractor Board# _____
HVAC/Refrigeration # _____ Electrical # _____
MSTR Plumber# _____ MSTR Gas# _____
*** We also need a copy of General Liability Insurance***

I swear under the penalties of perjury that the above is a true and correct statement to the best of my knowledge and belief. I am also aware of tax requirements. If any, relative to the collection and/or payment of city tax for the business if not, I will inspire.

_____ _____ _____
Date **Signature** **Title**

Mail or bring this form along with a check for the amount due when applying for license.
Town of Trinity 35 Preston Drive Trinity, AL 35673
(Returns are due January 1 and Delinquent after January 31)