City of Tuscaloosa Business License Form

Name of Business

Local Address

Mailing Address

Owner/Owners

Type of Business: (Check One) ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation

If Corporation- President V.P.

Sec-Tres

Code Compliance #: Manager's Name:

Detailed Description of Business:

Bus. Phone: Home Phone: Pager

Fax: Cell Phone:

Driver's License #: Date of Birth:

Federal Tax ID # Social Security #

If Plumber, HVAC, or Electrician- Card No.

Sate ABC #- Beer Wine Liquor

Save Form