

**CITY OF HUNTSVILLE, ALABAMA
ANNUAL PRIVILEGE LICENSE TAX RETURN
(FOR CONSTRUCTION TRADES ONLY)**

FOR OFFICE USE ONLY

CITY OF HUNTSVILLE TAXPAYER ID # _____

LOCATION # _____

START ENTERING INFORMATION HERE:

- * FEDERAL TAX ID# _____
- * NORTH AMERICAN CLASSIFICATION CODE _____
- * LEGAL BUSINESS OWNERSHIP NAME (INC, LLP, LLC etc) _____
- * OWNERS NAME _____ DOB (month) ____ (day) ____ (year) _____
- * OWNERS HOME ADDRESS _____ UNIT /SUITE # _____
- * CITY _____ STATE ____ ZIP _____ +4 _____ HM PHONE (____) _____
- SHOW ADDITIONAL OWNERS ON BACK OF FORM**
- * PERSON RESPONSIBLE FOR LICENSE _____ PHONE (____) _____
- * PERSON RESPONSIBLE FOR TAXES _____ PHONE (____) _____
- * **THIS IS REQUIRED INFORMATION FOR THE LICENSE**

NAME OF PERSON WHO HOLDS CERTIFICATE _____

MAILING ADDRESS _____ UNIT /SUITE # _____

CITY _____ STATE ____ ZIP _____ +4 _____

DOING BUSINESS AS (DBA) or TRADE NAME _____

LOCATION ADDRESS _____ UNIT/SUITE # _____

CITY _____ STATE ____ ZIP _____ +4 _____ PHONE (____) _____

DATE BUSINESS BEGAN AT THIS LOCATION IN HUNTSVILLE (month) ____ (day) ____ (year) _____

See Municipal Code Chapter 15 for schedule numbers & fee computation.

GROSS RECEIPTS AND/OR COMPUTATION PER SCHEDULE:	AMOUNT DUE PER SCHEDULE
Schedule # <u>26</u> \$ _____	\$ _____
Schedule # <u>27</u> \$ _____	\$ _____
Schedule # <u>28</u> \$ _____	\$ _____
Schedule # <u>29</u> \$ _____	\$ _____
Schedule # <u>30</u> \$ _____	\$ _____
Schedule # <u>31</u> \$ _____	\$ _____
Schedule # <u>32</u> \$ _____	\$ _____

SUB TOTAL DUE \$ _____

INTEREST COMPUTATION: TOTAL LICENSE FEE DUE \$ _____

The rate is the same as for late sales tax (call for current rate) TOTAL INTEREST \$ _____

PENALTY COMPUTATION: TOTAL PENALTY \$ _____

Less than 30 days late the penalty is 15% ISSUING FEE \$ _____ 10.00

More than 30 days late the penalty is 30% TOTAL AMOUNT DUE \$ _____

I swear or affirm under 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 the tax requirement, if any, relative to the collection and/or payment of City taxes for this business. If NOT, I will inquire.

THIS FORM MUST BE SIGNED.

DATE _____ SIGNATURE _____ TITLE _____

Mail to: CITY CLERK-TREASURER, P. O. BOX 308, HUNTSVILLE, AL. 35804-0308

Bring to: PUBLIC SERVICE BUILDING, 2RD FLOOR, 320 FOUNTAIN CIRCLE, HUNTSVILLE, AL. 35801

The main telephone number for the Inspection Department is (256) 427-5331

(Renewals are due and payable on January 1, and Delinquent after January 31 of each year.)

SHOW ADDITIONAL OWNERS HERE:

- * OWNERS NAME _____ DOB (month) __ __ (day) __ __ (year) __ __ __ __
- * OWNERS HOME ADDRESS _____ UNIT /SUITE # _____
- * CITY _____ STATE ____ ZIP __ __ __ __ +4 __ __ __ __ HM PH (__ __ __) __ __ __ - __ __ __ __
- * OWNERS NAME _____ DOB (month) __ __ (day) __ __ (year) __ __ __ __
- * OWNERS HOME ADDRESS _____ UNIT /SUITE # _____
- * CITY _____ STATE ____ ZIP __ __ __ __ +4 __ __ __ __ HM PH (__ __ __) __ __ __ - __ __ __ __