

CITY OF CHICKASAW, ALABAMA

2026 BUSINESS LICENSE APPLICATION

COMPLETE AND MAIL TO:

CITY OF CHICKASAW

224 N CRAFT HIGHWAY
CHICKASAW, AL 36611
CLERK2@CITYOFCHICKASAW.ORG
WWW.CITYOFCHICKASAW.ORG
(251) 452-6450



MAIL OR FAX COMPLETED FORM TO

RDS
Business License Dept.
P.O. Box 830900
Birmingham, AL 35283-0900
FAX #205-423-4099
Phone 800-556-7274

APPLICATION TYPE: _____ LAST YEAR'S BUSINESS LICENSE #: _____ (if known) OWNER CHANGE: _____ OTHER: _____
 SOLE PROPRIETORSHIP CORPORATION LLC LLP GENERAL PARTNERSHIP PROFESSIONAL ASSOCIATION

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) (Email) (Home Phone)

BUSINESS ACTIVITIES: _____
 Retail Wholesale Building Contractor Service Professional Manufacturer Other
 (If other, please specify: Retail clothing sales, wholesale food sales, property rental, computer consulting, etc.)

CONTRACTORS

You **MUST** send a copy of your 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.

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

Completing and submitting this form does not guarantee the approval or subsequent issuance of a license to do business. Before licensing, any prerequisites for a particular type and location of the business must be satisfied. All contracts (excluding heating/Air and Tree Cutting) must have a \$10,000 Insurance Bond, Certificate of Insurance and state licensing. I certify that I have read and understand this application and provide truthful information. All laws and ordinances will be upheld at this business. I understand that a business license may be revoked if any information is incorrect and/or if laws or ordinances are violated.

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

Gross receipts from sales of merchandise, tobacco, gas, rents, real estate, etc., (less taxes collected) in _____	
License amount due from gross receipts or delivery license _____	
Late penalty _____	
ISSUANCE FEE _____	\$14.00
TOTAL DUE _____	

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.

SIGNATURE: _____ DATE: _____ 2025

THIS AREA FOR MUNICIPAL USE ONLY

AMOUNT PAID: _____ PAYMENT TYPE: _____ DATE RECEIVED: _____

NAICS #(s): _____ BUSINESS LICENSE #: _____