



# CITY OF WESTOVER

P. O. Box 356  
Westover, AL 35185

MUNICIPAL USE ONLY	
DELTA ACCOUNT #:	_____
FIRE DEPARTMENT NOTIFIED:	Y    N

## BUSINESS LICENSE APPLICATION

APPLICATION TYPE:     NEW     RENEWAL     OWNER CHANGE     NAME CHANGE     LOCATION CHANGE

- Legal Business Name: \_\_\_\_\_
- DBA (If different from above): \_\_\_\_\_
- Physical Address:
 

	City	State	ZIP
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- Contact Information:
 

	Email	Telephone #
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- List Names of Owner (s), Partners, or Officers (Attach Separate Sheets if Necessary)
- Name                                      Residence Address                                      SSN                                      Title                                      Phone
- Describe Business Activities: \_\_\_\_\_

FEIN/SSN#: _____	State of AL Tax #: _____
<b>Form of Ownership (Circle one)</b>	
Sole Proprietor	Partnership                      Corporation                      LLC                      Other

Section Number	Type of License	Gross Receipts	Unit Amount (Applies if fee is based upon # of units)	License Fee Due
			Penalty:	
			Interest:	
			Issuance Fee:	
			Total Collected:	

**Effective October 1, 2024 the City of Westover will begin administration of all of its business licenses and will no longer use a third party company.** This change does not affect *filing of sales, use or rental taxes*. At this time online filing of business licenses is not available. Licenses are due January 1, 2025 and delinquent after FEB 3, 2025. The late penalty is 15 February 4 to March 3, 2025. After March 3, 2025 the late penalty is 30%. Payments can be mailed in to the below address (Postmark must be by February 3, 2025), phoned in (205-378-3375 ext. 1) or brought in person to City Hall. On Westover businesses the gross receipts are the entire receipts less taxes collected. For business located outside Westover, the gross is only the receipts in Westover and its police jurisdiction. **\*PLEASE ENCLOSE ANY CHANGES OF ADDRESS AND/OR OWNERSHIP.**

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Return To:            City of Westover  
                           Attn: Business License  
                           P. O. Box 356  
                           Westover, AL 35185

Contact Name:    Bonnie Meacham  
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 Email Address:    revenue@westoveralabama.org