

CITY OF OXFORD

Business License Application

145 Hamric Drive East
P.O. Box 3383
Oxford, AL 36203

Phone # (256) 831-3183
Fax # (256) 835-6110

Legal Business Name: _____

Trade Name (if different from above): _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Date Business Activity Initiated or Proposed in Oxford: _____

Type of Ownership: Sole Proprietor _____ Partnership _____ Corp. _____ LLC _____

Name, Address, & Phone Number of Owner/Corporate Officers:

Contact Person for the Business: _____ Phone # _____

Alabama Sales Tax or Federal ID Number: _____

Projected Gross Receipts \$ _____

Contract Amount (Contractors) \$ _____

Business Activities: (Describe Work to be Performed in Oxford)

Signature

Date

City Use Only: Account Number _____

License Code _____

Date License Issued _____

License Issued By _____