

**Mail or Fax Completed Form To:**

Town of Morris  
8304 Stouts Road  
Morris, AL 35116  
Fax Number: 205-647-3709  
Phone Number: 205-647-0596

Application for Temporary Business License  
**ALL FIELDS MUST BE COMPLETED**  
Application Good for 30 Days Upon Receipt of Payment  
Application must be signed by applicant and City Official  
See Reverse Side for Instructions  
And Further Information

**Name of Municipality**

**MORRIS**

Application Type:  Renewal  New Business  Name Change  Owner Change  Location Change

Form of Ownership (Check One):  Sole Prop  Corp  LLC  Partnership  Professional Assoc  Other \_\_\_\_\_

RDS Acct Number: \_\_\_\_\_ Date Business Activity Initiated/Proposed: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_ FEIN/Social Security #: \_\_\_\_\_

Trade Name / DBA: \_\_\_\_\_ (If different from legal name.) Email Address: \_\_\_\_\_

Business Type:  Retail  Wholesale  Bldg Contractor  Service  Professional  Manufacturer  Rental

Other \_\_\_\_\_ Describe the business you are conducting \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_  
(Business) (Home) (Cell) (Fax)

Name/Phone # for Contact Person: \_\_\_\_\_ ( ) \_\_\_\_\_ Title: \_\_\_\_\_

List Names of Owners(s), Partners, or Officers (Attach Separate Sheets if Necessary)

Name Residence Address SSN Title

This application has been examined and is, to the best of my knowledge, a true and complete representation of the above named entity and person (s) listed. Failure to sign and date this application will make the application invalid. This application is only good for 30 days upon receipt of payment. I understand issuance of license does not permit business operation unless business is properly zoned and/or in compliance with all applicable laws/rules.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR MUNICIPAL USE ONLY FROM HERE DOWN:**

Use below chart in order to calculate business license. If you do not have a copy of your fee schedule you may view it at [www.revds.com](http://www.revds.com).

Physical Location: Incorporated City Limits \_\_\_ Police Jurisdiction \_\_\_ Outside Corporate Limits & PJ \_\_\_

\*\*Reminder\*\* Businesses located within the PJ are charged one-half the normal rate.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Section Number	Type of License	Gross Receipts (If Required)	Unit Amount (Applies if fee is based upon a "number" of units)	Flat/Base Fee	Additional Amount Due Based On Calculation	License Fee Due
Report all types of business conducted				Add column E & F enter total in column G then add down		

Penalty Info:

Issuance Fee:

Total Collected:

Municipality, DO NOT MAIL CASH. Have checks made payable to: Town of Morris and mail along with application to address indicated above.  
Payment Method: Check OR Cash (Circle One)

Reviewed / Collected By: \_\_\_\_\_ Date: \_\_\_\_\_

All "Non-Paid" temporary applicants will be mailed a business license packet. You may fax "Non-Paid" applications to RDS Attn: Business License Dept at 205-423-4099.

Issuance of a business license by RDS does not permit business operation unless the business is properly zoned and /or in compliance with all applicable laws/rules.

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by RDS due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. RDS is not responsible for any additional bank fees that will accrue due to there submission of the returned item. Please see the full returned check policy at [www.revds.com/taxpayer/return-check-disclaimer](http://www.revds.com/taxpayer/return-check-disclaimer).