

City of Hartselle Annual Privilege License Tax Return

Mail To: City of Hartselle 200 Sparkman Street NW Hartselle, AL 35640 Phone: (256) 773-2535 Fax: (256) 773-2257 www.hartselle.org	Instructions: Returns are due on January 1, and delinquent after January 31. It shall be the license holder's responsibility to renew with or without notification. Renewals are due January 1 and delinquent February 1. All delinquent penalties will be applied. This return is to determine your correct license. Your license will be mailed upon the approval of this return. All contact information will be provided to the Police and Fire Departments for after hours contact.
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Business Name				Description of Business		Account Number	
Location of Business	Street	City	State	Zip	Business Phone		Business Fax
Mailing Address	Street	City	State	Zip	Email Address		
Owner: Name (First, Middle Initial, Last)					Home Phone		Cell Phone
Manager/Supervisor: Name (First, Middle Initial, Last)					Home Phone		Cell Phone

If you are located inside the city limits of Hartselle, please complete the line below.

Do you	Own	Rent	Landlord's Name (First, Last)	Landlord's Address (City, State, Zip)	Landlord's Phone
	<input type="checkbox"/>	<input type="checkbox"/>			

The license is based on the following categories.

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| <input type="checkbox"/> Merchants General / Service Rates | <input type="checkbox"/> Manufacturers Rates |
| <input type="checkbox"/> Merchants General Wholesale Rates | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gasoline Wholesale | <input type="checkbox"/> Contractor _____ |
| <input type="checkbox"/> Wholesale Rates | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Professional Rates | <input type="checkbox"/> Rental / Leasing |

Computation Table				Office Use Only	
Total annual gross receipts, BUSINESS. (The receipts for the last calendar year. Use exact figures. New businesses should use estimated figures.)					
1	Amount of License to be PAID (Based on applicable rate)				
Additional Licenses	<input type="checkbox"/> 2a.	Vending Machines	# ____ (see rate sheet)		
	<input type="checkbox"/> 2b.	Gas Pumps	# ____ (see rate sheet)		
	<input type="checkbox"/> 2c.	Additional Category			
	<input type="checkbox"/> 2d.	Additional Category			
	<input type="checkbox"/> 2e.	Additional Category			
3					
4	Total of lines 1 through 3		Total License		
5	30 days (15%)...60 days (30%)		Late Fee		
6	1% per month		Interest Due		
7			Issuing Fee	12 00	
8	Add lines 4 through 7		Total Due		

I swear under the penalty of perjury that the above is a true and correct statement to the best of my knowledge and belief.

Date	Name (Printed)	Signature	Title
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If business closes or relocates, please contact the City Clerk's Office