



City of Enterprise

Revenue Department

Enterprise, AL 36330 • (334) 348-2606 • Fax (334) 348-2613

P.O. BOX 311000, Enterprise, AL. 36331

Short-Term Rental Business License Application Checklist

Mail completed forms and applicable documents to:

City of Enterprise
Revenue Department
PO Box 311000
Enterprise, AL 36331

- Fully completed Short-Term Rental Business License Application signed by duly authorized person. The person listed must be listed on the requested Articles. If the person is not listed on the requested Articles, a letter of authorization must be provided on company letterhead to allow an individual to apply on behalf of the company. **If** providing the company's EIN, please omit any and all Social Security Number(s) on the application.
- Fully completed Declaration and Verification of Citizenship (DVC) Form signed by a duly authorized person.
- If the company is an LLC or Corporation, a copy of the Articles of Organization/Incorporation. The AL Secretary of State is the entity to create and establish an LLC or Corporation. The contact information is (334) 242-4200 or visit their website at www.sos.alabama.gov.
- A copy of the valid government issued identification of the authorized individual signing the business license application and DVC.
- A completed and notarized Short-Term Rental Affidavit.
- Please note, per the Short-Term Rental Ordinance 12-06-22-C, each property is subject to an inspection for any and all health and safety requirements as listed in detail in the Short-Term Rental Ordinance 12-06-22-C.**
- The business license fees are based on Schedule K of the current business license ordinance which is a minimum business license fee of \$100.00 plus \$12.00 issuance fee for the initial business license year. There is an additional \$20.00 for each permitted short-term rental property.
- Lodgings taxes are to be remitted no later than the 20th of each month. Taxpayers now have the option to use the ONE SPOT system to make their local sales, use, and rental tax payments. The City of Enterprise participates in the remittance of rental (lodging) taxes through the ONE SPOT system. For more information concerning ONE SPOT, contact ONESPOT@revenue.alabama.gov. Rental (lodging) taxes are collected at a rate of 6% within the city limits and 3% within the police jurisdiction. Taxes received after the 20th are subject to a 10% penalty of the tax amount due. Should the 20th fall on a weekend or holiday, taxes are due the following business day.



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Short Term Rental Business License Application

The City Does Impose Lodging Taxes in the Police Jurisdiction

APPLICATION DATE: _____	FEIN/SSN: _____
FORM OF OWNERSHIP: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S-CORP	
APPLICATION TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> OWNERSHIP CHANGE <input type="checkbox"/> LOCATION CHANGE <input type="checkbox"/> NAME CHANGE	

(Please Print Legibly or Type)

BUSINESS NAME: _____

OWNER NAME: _____ TELEPHONE: _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY MGR NAME: _____ TELEPHONE: _____

PROPERTY MGR ADDRESS: _____

CONTACT PERSON EMAIL ADDRESS: _____

PHYSICAL ADDRESS OF UNIT: _____

PHYSICAL ADDRESS OF UNIT: _____

PHYSICAL ADDRESS OF UNIT: _____

PHYSICAL ADDRESS OF UNIT: _____

PHYSICAL ADDRESS OF UNIT: _____

PHYSICAL ADDRESS OF UNIT: _____

PHYSICAL ADDRESS OF UNIT: _____

24 EMERGENCY CONTACT NAME: _____ TELEPHONE: _____

ADDRESS: _____

MAILING ADDRESS: _____

SAME AS OWNER'S ADDRESS OTHER _____

CITY: _____ STATE: _____ ZIP: _____

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above-named entity and person(s) listed. I understand that my permit may be revoked for any false statements made herein.

PRINTED NAME	SIGNATURE	TITLE	DATE
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THIS AREA FOR MUNICIPAL USE ONLY			
ACCOUNT ID:	REVIEWED BY:	DATE:	
BUILDING & FIRE APPROVAL: Y / N		PHYSICAL LOCATION: <input type="checkbox"/> CITY <input type="checkbox"/> PJ	
PERMIT #:	PERMIT #:	PERMIT #:	PERMIT #:
PERMIT #:	PERMIT #:	PERMIT #:	PERMIT #:

COUNCIL

SONYA W. RICH, District 1
EUGENE GOOLSBY, District 2
GREG PADGETT, District 3
SCOTTY JOHNSON, District 4
TURNER TOWNSEND, District 5

City of Enterprise

WILLIAM E. (BILL) COOPER, MAYOR
501 South Main
P. O. Box 311000
Enterprise, Alabama 36331-1000

CITY ADMINISTRATOR
JONATHAN TULLOS

CITY CLERK
BEVERLY SWEENEY

CHIEF FINANCIAL OFFICER
LEEANN SWARTZ, CPA

(334) 347-1211
(334) 348-2613 FAX

DECLARATION AND VERIFICATION OF CITIZENSHIP/AUTHORIZED ALIEN STATUS FORM

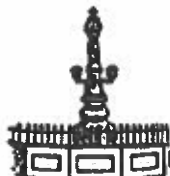
As per the provisions of State of Alabama Act 2011-535, the **Beason-Hammon Taxpayer and Citizen Protection Act**, I hereby declare that I am

_____ A Citizen of the United States.

_____ An Alien lawfully present in the United States

Printed Name: _____

Signature: _____ Date: _____



UPDATED: 11/23/2020



SHORT-TERM RENTAL AFFIDAVIT

As required by the Short-Term Rental Ordinance 12-06-22-C, I certify that all of the information provided to obtain a business license and permit(s) is true and accurate. I certify that all taxes and permit fees for Business Account ID: _____ are current and with no outstanding lodging taxes, business license fees or permit fees at the time of this affidavit. I certify that all licensed and permitted short-term rental property or properties permitted under Business Account ID: _____ are current and will maintain total compliance with health and safety requirements listed in detail in the City of Enterprise Short-Term Rental Ordinance 12-06-22-C. As per the Short-Term Rental Ordinance 12-06-22-C, each property is subject to an inspection for any and all health and safety requirements as listed in detail in the Short-Term Rental Ordinance 12-06-22-C. Additionally, I understand that knowingly providing false information through an affidavit is considered perjury by the State of Alabama. I acknowledge that any permit issued based on false information is subject to revocation.

Printed Name: _____

Signed: _____

Title: _____

Date: _____

Please have your signature acknowledged in the presence of a Notary Public.

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20____, personally appeared before me the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the application are true.

Signature of Notary Public: _____

My Commission Expires: _____