

OFFICE USE ONLY:	
Account ID# _____	Issued# _____
Issued By: _____	Issue Date: _____
Code Compliance Certificate # _____	

**CITY OF TUSCALOOSA**  
**APPLICATION FOR LICENSE/TAX**  
**INFORMATION**  
**OFFICE: (205) 248-5200 Fax: (205) 349-0180**

**CHECK THE TAXES FOR WHICH YOU ARE LIABLE:**

- |   |  |                                  |  |
|---|--|----------------------------------|--|
| <input type="checkbox"/> Business License | <input type="checkbox"/> Rental Tangible       | <input type="checkbox"/> Use Tax | <input type="checkbox"/> Renting/Leasing Commercial Property |
| <input type="checkbox"/> Sales Tax        | <input type="checkbox"/> Personal Property Tax | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Renting Residential Property        |
| <input type="checkbox"/> Lodging Tax      | <input type="checkbox"/> Wine Tax              |                                  |  |

<b>BUSINESS NAME:</b>	<b>CORPORATE ADDRESS:</b>	
<b>CORPORATE OR INDIVIDUAL OWNER NAME:</b>		
<b>BUSINESS LOCATION:</b>	<b>MAIL ADDRESS FOR TAX FORMS:</b>	
	<b>MAIL ADDRESS FOR LICENSE RENEWALS:</b>	
<b>BUSINESS PHONE:</b>	<b>CONTACT NAME:</b>	
<b>CELL PHONE:</b>	<b>CONTACT PHONE:</b>	
<b>FAX:</b>	<b>HOME PHONE:</b>	
<b>EMAIL ADDRESS:</b>	<b>EMAIL ADDRESS:</b>	
<b>PRINCIPAL BUSINESS ACTIVITY AND PRODUCT:</b>		
<b>OWNER NAME:</b>	<b>FEDERAL ID TAX #</b>	
<b>DOB:</b>	<b>STATE OF ALA SALES TAX #</b>	
<b>DRIVERS LICENSE #</b>	<b>ST OF ALA SELLERS USE TAX #</b>	
<b>SS#</b>	<b>ST OF ALA CONSUMERS USE #</b>	
<b>TYPE OF BUSINESS:</b>	<b>FORM OF ORGANIZATION:</b>	
<input type="checkbox"/> MANUFACTURER <input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP	
<input type="checkbox"/> WHOLESALE <input type="checkbox"/> RETAILER	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PROF. ASSOCIATION	
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	
<b>OFFICERS, PARTNERS, OR OWNER: (USE BACK OF FORM IF MORE SPACE IS NEEDED)</b>		
<b>NAME:</b>	<b>TITLE:</b>	
<b>MINORITY BUSINESS OWNER: (please check) (Y) (N)</b>		
HAS ANY OWNER OF THIS BUSINESS BEEN CONVICTED OF A FELONY IN THE LAST FIVE YEARS: (Y) OR (N) IF YES, PLEASE EXPLAIN: _____	<b>I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT:</b>	
	SIGNATURE: _____	
<b>ESTIMATED GROSS RECEIPTS THRU END OF YEAR:</b> \$ _____ CITY \$ _____ PJ \$ _____ OUT	PRINTED NAME: _____ TITLE: _____	
	PHONE: _____ DATE: _____	

**COMPLETE AND RETURN THIS FORM TO:**  
**City of Tuscaloosa Revenue Department**  
**P O Box 2089, Tuscaloosa, AL 35403**  
**205) 248-5200 Fax: (205) 349-0180**