

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

CITY OF TUSCALOOSA
APPLICATION FOR LICENSE/TAX INFORMATION
(205)248-5200 FAX (205)349-0180

CHECK THE LICENSE/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 | | |

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