

Accounting & Finance, Revenue Division PO Box 2089

Tuscaloosa, AL 35403

Phone: 205-248-5200 Fax: 205-248-5793 Email: revenueoffice@tuscaloosa.com

RENTAL LICENSE APPLICATION

CLEARLY PRINT OR TYPE ALL INFORMATION

Application Type		New		Business Structure		Sole Proprietorship	
		Property Manager Change				Partnership	
		Property Owner Change				LLC	
		Rental Property Address Change				Corporation	
		FEIN/Structure	Change		Non-Profit Corpora		rporation
		Reactivate Acc				Professional Association	
Property Owner Name (AS LISTED WITH TUSCALOOSA COUNTY PROPERTY RECORDS)							
Trade Name (DBA)/Advertised Name/Name of Complex							
Physical Address of Owner (Street Name, Suite #, etc)			e #, etc)	Mailing Address of Owner (PO Box, Street Name, Suite #, etc)			
City		State	Zip Code	City		State	Zip Code
Federal ID (FEIN)				City of Tuscaloosa Business License Number (if applicable)			
Phone				Email			
Contact Name				Contact Phone & Email			
Owner(s) Partners or (Officar	: (attach a sena	erate sheet if necess	ary) **Conies	of Driver's	icansas Must B	Se Provided**
Owner(s), Partners or Officers (attach a separa Name Titl			arate sheet if necessary) **Copies of Driver's Licenses Must B Title Phone		e i Tovideu		
Date of Birth		ı	Driver's License State and Number		Social Security Number		
Home Address							
		1.		1			
City			State		Zip Code		
Name			Fitle	Phone			
Date of Birth			Driver's License State and Number		Social Security Number		
Home Address							
City			State		Zip Code		
Property Manager Name				Property Manager Phone			
Property Manager Address				Property Manager Tuscaloosa Business License Number			Number
City State		State	Zip Code	Property Manager FEIN			

RENTAL LICENSE APPLICATION, PAGE 2

CLEARLY PRINT OR TYPE ALL INFORMATION

Physical Address of Rental Property (You may attach a list of properties if more than 10)						
Address (Street Name,		City		Zip Code		
Address (Street Name, Unit #)			City		Zip Code	
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Address (Street Name,	Unit #)		City		Zip Code	
Address (Street Name,		City		Zip Code		
Address (Street Name,		City		Zip Code		
Address (Street Name,		City		Zip Code		
Address (Street Name,		City		Zip Code		
Address (Street Name,		City		Zip Code		
Address (Street Name,		City		Zip Code		
Address (Street Name,		City		Zip Code		
Tax Type	Lodging Tax (if less than 180 Days)	ency Monthly (Lodging ONLY)				
	Renting/Leasing Commercial			Quarterly		
	Renting/Leasing Residential			Annually		
Business Type	Rental Property (with lease for mor					
_	Rental Property (with lease for less than 180 days)					
Short Term Rental (less than 30 days) If yes, estimated gross receipts for current year?						
CERTIFICATION AND SIGNATURE						
By signing this application, you certify that all information and statements provided herein are true and correct. You also certify, under penalty of perjury, that you are a US Citizen or lawfully present in the US. In addition, by signing below, you acknowledge						
that you cannot operate this business in the City of Tuscaloosa or its Police Jurisdiction until this business license application is						
approved and a business license issued.						
Signature of Owner/Ap	Date					
Printed Name	Title					

INTERNAL USE ONLY						
Code Compliance #		Account #				
Application Reviewed By		Date Reviewed				
Business License Issued By		Date Issued				
Additional Comments						