

CITY OF TRUSSVILLE, ALABAMA

131 Main Street
P.O. Box 159
Trussville, AL 3517

Phone (205) 655-7478
Fax (205) 655-7487
Email: wpayne@trussville.org

APPLICATION FOR BUSINESS LICENSE

Application Type: New Owner Change Name Change Location Change

Legal Business Name _____

Trade Name (DBA) if different from above _____

Form of Ownership Sole Proprietorship Partnership Corporation Limited Liability Company
 Professional Association Other (Specify) _____

Physical Address _____
(Street) (City) (State) (Zip)

Mailing Address _____
(Street) (City) (State) (Zip)

Telephone _____
(Business) (Fax) (E-Mail)

List the Owner(s), Partners or Officers (Attach separate sheet if necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN</u>	<u>Title</u>	<u>Home Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name and phone number for contact person _____ (____) _____

Brief description of business activity in Trussville _____

Business located in ____ or out ____ of Trussville City limits Date activity to begin in Trussville _____

If business has a physical location in Trussville, list name of manager _____

Federal ID Number _____ Estimated gross receipts for remainder of year _____

State Assigned Local Tax Number _____

Tax Forms Needed Sales/Seller's Use Consumer's Use Rental Lodging Liquor Gas None

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above business.

Signed _____ Title _____ Date _____

THIS AREA FOR OFFICE USE ONLY

ACCOUNT ID # _____ REVIEWED BY _____