



# CITY OF TRUSSVILLE, ALABAMA REVENUE DIVISION

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Trussville, Alabama 35173  
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[www.trussville.org](http://www.trussville.org)

OFFICE USE ONLY	
Sales Tax (MQO)	Y N
Lease/Rental Tax	Y N
Lodgings Tax	Y N
Residential Rental	Y N
Location Code	_____
Schedule Number	_____

## APPLICATION FOR CITY BUSINESS LICENSE & TAXES

### **SELECT THE TYPE OF BUSINESS:**

- |              |                                   |                       |
|--------------|-----------------------------------|-----------------------|
| MANUFACTURER | FINANCIAL, INSURANCE, REAL ESTATE | HEALTH SERVICES       |
| WHOLESALER   | TRANSPORTATION                    | PROFESSIONAL SERVICES |
| RETAILER     | PUBLIC UTILITY                    | RESTAURANT            |
| CONSTRUCTION | INTERNET GAMING                   | OTHER                 |

FEDERAL TAX I.D. NUMBER \_\_\_\_\_

DESCRIBE BUSINESS: \_\_\_\_\_

NAICS CODE : \_\_\_\_\_ LOOK UP AT <https://www.census.gov/eos/www/naics/>

Sales Representative:  Yes  No Delivery:  Common Carrier  Own Vehicle

DATE BUSINESS BEGAN IN TRUSSVILLE: \_\_\_\_\_

ESTIMATED ANNUAL GROSS RECEIPTS: \_\_\_\_\_ FOR CALENDAR YEAR: \_\_\_\_\_

**\*FOR MULTIPLE TAX YEARS, UPDATE CALENDAR YEAR LINE ABOVE OR USE SEPARATE SHEET TO LIST GROSS RECEIPTS**

### **SELECT THE TYPE OF ORGANIZATION:**

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) | <input type="checkbox"/> PROFESSIONAL ASSOCIATION |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SOLE PROPRIETORSHIP             | <input type="checkbox"/> OTHER (Specify) _____    |

LEGAL BUSINESS NAME: \_\_\_\_\_

TRADE NAME (D/B/A/) \_\_\_\_\_

### **LOCATION OF BUSINESS:**

STREET NUMBER: \_\_\_\_\_ STREET NAME \_\_\_\_\_

SUITE NUMBER: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*Name of shopping center located in Trussville, if applicable: \_\_\_\_\_

PHONE NUMBER (local) ( ) \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER (emergency) ( ) \_\_\_\_\_

EMAIL ADDRESS (REQUIRED) \_\_\_\_\_

### **MAILING ADDRESS (IF DIFFERENT):**

STREET NUMBER: \_\_\_\_\_ STREET NAME \_\_\_\_\_

SUITE NUMBER: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### **GIVE INFORMATION BELOW, WHERE APPLICABLE:**

JEFFERSON CO. HEALTH PERMIT #: \_\_\_\_\_ ABC BOARD LICENSE #: \_\_\_\_\_

ST. CLAIR CO HEALTH PERMIT #: \_\_\_\_\_ PROFESSIONAL LICENSE # \_\_\_\_\_

ELEC MASTER CARD # \_\_\_\_\_ PLUMBERS MASTER CARD # \_\_\_\_\_ HVAC CARD # \_\_\_\_\_

HOME BLDR CERT #: \_\_\_\_\_ OTHER CONTRACTOR TYPE/ #: \_\_\_\_\_

**\*PLEASE ATTACH A COPY OF YOUR LICENSE AND PERMIT TO THIS APPLICATION FORM (REQUIRED).**

(OVER)

EFFECTIVE 11/15/2021

**COMPLETE THE SECTION THAT APPLIES TO YOUR TYPE OF BUSINESS.**

**CORPORATION** (Attach additional sheet if necessary)

NAME/ADDRESS OF ALL CORPORATE OFFICERS	TITLE	PHONE NO.

DATE OF INCORPORATION: \_\_\_\_\_

LOCATION OF INCORPORATION: STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**PARTNERSHIP OR LLC** (Attach additional sheet if necessary)

NAME/ADDRESS OF ALL PARTNERS	TITLE	PHONE NO.	SOCIAL SECURITY NO. OR FEIN

DATE OF FORMATION OF PARTNERSHIP OR LLC: \_\_\_\_\_

**SOLE PROPRIETOR**

NAME/ADDRESS OF OWNER	TITLE	PHONE NO.	SOCIAL SECURITY NO.

NUMBER OF EMPLOYEES (BUSINESSES LOCATED IN THE CITY ONLY) \_\_\_\_\_

\*I hereby certify that all information is true and correct.

DRIVER'S LICENSE # (CONTRACTORS AND SOLE PROPRIETORSHIP ONLY) \_\_\_\_\_

STATE WHERE DRIVER'S LICENSE IS HELD \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPE OR PRINT NAME

Comments \_\_\_\_\_

**OFFICE USE ONLY**

CLASS	AMOUNT	CLASS	AMOUNT	PENALTY	_____
_____	_____	_____	_____	ISSUANCE FEE	_____
_____	_____	_____	_____	CARD TRANSACTION FEE	_____
				TOTAL	_____

**\*\*This form is not considered complete until all sections, as applicable, have been fully completed.\*\***