



CITY OF TRUSSVILLE, ALABAMA REVENUE DIVISION

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Trussville, Alabama 35173
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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.****