



CITY OF TRUSSVILLE, ALABAMA REVENUE DIVISION

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Request to Update Business License Account

Please complete the following information:

Account Information		
Account Number: _____	Start Date: _____	
Business Name: _____		
Owner's Name: _____		
Doing Business As: _____		
Business Address: _____		
City: _____	State: _____ Zip: _____	
Organization Type (Choose One):		
<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 (please explain) _____
FEIN/SS#: _____	Business Phone: _____	
Business Email: _____		
Change Information		
Changes Needed on Account:		

When did this change take place?		

Signature: _____

Print Name: _____

Date: _____ Phone: _____

Email Address: _____