

# 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 \_\_\_\_\_