

BUSINESS APPLICATION

CITY OF ROBERTSDALE, ALABAMA

(Confidential)

Print or Type this Form

LICENSE TYPE: NEW RENEWAL OWNER CHANGE NAME CHANGE LOCATION CHANGE

TAX TYPE: SALES SELLERS USE CONSUMER USE RENTAL LODGING
 TOBACCO GAS/MOTOR FUEL ALCOHOL (beer, wine, liquor) _____

Legal Business Name: _____

Doing Business As (if different from above): _____

Federal Tax ID (FEIN) _____
 Alabama Department of Revenue Tax ID # _____
 Alabama Regulatory Board: _____
 ↓
 Board License # _____ → Expiration Date: _____

Form of Ownership (Check One)

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Association
<input type="checkbox"/> LLC	<input type="checkbox"/> Other (specify) _____

MAIL TO:
 City of Robertsdale, Revenue Department
 P.O. Box 429
 Robertsdale, AL 36567-0429

Contact Numbers: Office (251) 947-8920
 FAX (251) 947-1129 TDD (251) 947-2122
 E-mail: shannonburkett@robertsdale.org
 Website: www.robertsdale.org
 Physical Address: 22647 Racine Street
 Robertsdale, AL 36567-6735

Business Activity & Product: (Write a brief description – example: retail sales, wholesale sales, rental of tangible personal property, computer consulting)

If you make deliveries or sales into the city limits or police jurisdiction, indicate how you make the sale and how the product is delivered:

Sales Method: _____ Delivery Method: _____

PHYSICAL LOCATION: CITY LIMITS POLICE JURISDICTION (PJ) OUTSIDE CITY LIMITS & PJ

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

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

Telephone: _____
(Business) (Fax) (Home Phone – In Case Of Emergency)

E-mail Address: _____

Name/Phone Number for Contact Person: _____ () _____

List Names of Owner(s), Partners or Officers (attach separate sheet if necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN</u>	<u>Title</u>

Are hazardous materials used at this location? Yes ___ or No ___
 Coin-Operated Vending Machines at this location? Yes ___ (# ___) or No ___ Machine Owner(s): _____
 Date business activity initiated or proposed to be initiated in ROBERTSDALE: _____
 Annual anticipated Gross Receipts (if new business) or Gross Receipts for the preceding year: → → → \$ _____

This application has been examined by me and is to the best of my knowledge a true and complete representation of the above named entity and person(s) listed. I am authorized to sign legal documents.

Date _____ Signature _____ Title _____
(Owner/Partner/Member/Officer/Power of Attorney Representative)