

# CITY OF IRONDALE, ALABAMA TAX REGISTRATION/BUSINESS LICENSE APPLICATION

(CONFIDENTIAL)

**Complete and Mail/Fax/Email To:**

CITY OF IRONDALE  
 PO BOX 100188,  
 101 SOUTH 20<sup>TH</sup> ST.  
 IRONDALE, AL 35210  
 www.cityofirondale.org  
 (205) 956-9200 Fax (205) 951-1425

**Applicant Complete This Box**  
**FORM OF ORGANIZATION (Check One)**

Sole Prop. \_\_\_\_\_ Partnership \_\_\_\_\_  
 Corp. \_\_\_\_\_ Professional Assoc \_\_\_\_\_  
 LLC \_\_\_\_\_ Other \_\_\_\_\_

**Application Type:** New    Owner Change    Name Change    Location Change    UPDATE INFO.

**Legal Business Name:** \_\_\_\_\_

**Trade Name:** (If different from above) \_\_\_\_\_

**Business Activities:** (Brief description- Retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc.,)  
 \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Mailing Address:** \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Telephone:** \_\_\_\_\_ (Business) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Home Phone)

List the Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Name	Residence Address	SSN	Title	Contact #

**JOB COST (Contractors Only):** \_\_\_\_\_ **Type of Job** \_\_\_\_\_

**Manager or contact person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Date Business Activity Initiated or Proposed in Irondale:** \_\_\_\_\_ **Business located in** \_\_\_\_\_ **or out** \_\_\_\_\_ **of City of Irondale limits**

**If business is physically located in Irondale, list the owner of the building (or leasing agent) monthly rent amount and phone number:**  
 \_\_\_\_\_

**State of Alabama Sales Tax #** \_\_\_\_\_ **State of Alabama Use Tax #** \_\_\_\_\_ **Federal ID #** \_\_\_\_\_

**State of Alabama Rental Tax #** \_\_\_\_\_ **Lodging Tax #** \_\_\_\_\_

**Business Types:** Retail \_\_\_\_\_ Wholesale \_\_\_\_\_ Contractor \_\_\_\_\_ Service \_\_\_\_\_ Professional \_\_\_\_\_ Manufacturer \_\_\_\_\_ Rental \_\_\_\_\_ Other \_\_\_\_\_  
**Tax Types:** Sales \_\_\_\_\_ Use \_\_\_\_\_ Rental \_\_\_\_\_ Lodging \_\_\_\_\_ Liquor \_\_\_\_\_ None \_\_\_\_\_

**Requested Tax Filing Frequency:**  MONTHLY  QUARTERLY  ANNUAL **(NO OCCASIONAL FILING STATUS)**

**License:** Business License \_\_\_\_\_ Home Occupation Business \_\_\_\_\_ EXEMPTION PER \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 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.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**THIS AREA FOR MUNICIPAL USE ONLY**

**ACCOUNT ID #** \_\_\_\_\_ **NAICS CODE #** \_\_\_\_\_ **APPROVED BY:** \_\_\_\_\_

**Tax Filing Frequency:** Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annual \_\_\_\_\_

**ZONING CLASSIFICATION:** \_\_\_\_\_ **Zoning Reviewed by:** \_\_\_\_\_

City of Irondale  
 Attention: Revenue Department  
 101 South 20<sup>th</sup> Street  
 Irondale, AL 35210

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

NAICS # (North American Industry Classification System) \_\_\_\_\_

ALL SALES ARE SHIP BY COMMON CARRIER AND NO PHYSICAL PRESENCE IN THE CITY OF IRONDALE. YES \_\_\_\_\_ NO \_\_\_\_\_

METHOD OF DELIVERY (IF NOT BY COMMON CARRIER):

VENDOR NAME \_\_\_\_\_ CONTACT #: \_\_\_\_\_

ADDRESS \_\_\_\_\_

If any of the below question are answered "YES" a **Business License is required** (in order to process your application, your payment must be included).

1. If all questions are answered "NO" and all merchandise sold at retail was shipped by common carrier you must complete the business license application and report taxes only.

	YES	NO
Physical Presence (business location) or any of the below:		
Representative(s) who visit or deliver to business		
Contractor performed a job (in the City of Irondale)		
Salesperson came (into the City of Irondale)		
Delivery in own truck (in the City of Irondale)		
Maintains Equipment (in the City of Irondale)		
Leasing Equipment (in the City of Irondale)		
Leasing (in the City of Irondale)		
Nexus (in the City of Irondale)		

License fees are determined by the exact nature and type of your business. You should contact the Irondale Revenue Department at (205) 956-9200 for more information. This will determine the types of licenses required. Some licenses require State Regulatory Permits in order to issue, such as auto dealers, food establishments, and various contractors.

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.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

THIS FORM MUST BE SIGNED AND RETURNED WITH APPLICATION

PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM

- PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE MUNICIPAL USE ONLY AREA AT THE BOTTOM.
- FORM SHOULD BE TYPED OR PRINTED LEGIBLY
- FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS
- FORM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE MUNICIPALITY

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- ⇒ IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE MUNICIPALITY PLEASE USE THAT ADDRESS ON THE FRONT OF THIS FORM. (Complete separate forms for each physical location in the city)
  - ⇒ AFTER COMPLETING THIS FORM IT CAN BE MAILED, SENT BY FAX, OR WHERE POSSIBLE, SENT BY ELECTRONIC MAIL TO THE MUNICIPALITY.
  - ⇒ UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

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ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31, WITH THE FOLLOWING EXCEPTIONS:

INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1

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This form is intended as a simplified, standard mechanism for businesses to initiate contact with a municipality concerning their activities within that city. A business license will be required prior to engaging in business. If a business intends to maintain a physical location within the city, there are normally zoning and building code approvals required prior to the issuance of a license.

In certain instances, a business may simply be required to register with the city to create a mechanism for the reporting and payment of any tax liabilities. If that is the case, you will be provided the materials for that registration process.

The completion and submission of this form does not guarantee the approval or subsequent issuance of a license to do business. Any prerequisites for a particular type and location of the business must be satisfied prior to licensing.

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SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING FEE AND/OR REGISTRATION PROCESS, PLEASE CALL (205) 956-9200 OR FAX (205) 951-1425 TO OBTAIN A MORE DETAILED EXPLANATION.

Each person, firm, corporation or other business entity must obtain a City of Irondale business license prior to conducting business activity in the City of Irondale. The license year is January 1 through December 31. Business license renewals are due January 1 and delinquent after January 31 each year. Proof of State certification is required for certain classifications.

PLEASE FAX TO: REVENUE DEPT. (205) 951-1425

Limited Partnership (LP), Limited Liability Partnership (LLP), Limited Liability Company LLC (Single Member), Limited Liability Company LLC (Multi-Member), Corporation, shall complete the following:

IMMIGRATION LAW COMPLIANCE

SECTION I - APPLICATION FOR BENEFITS

Applicant's Legal Name(s): \_\_\_\_\_

Doing Business As (if applicable): \_\_\_\_\_

Type of Ownership (check one):

- Individual or Sole Proprietorship (complete Form A or B)
- Partnership (each partner to complete Form A or B)
- Limited Partnership
- Limited Liability Partnership (LLP)
- Limited Liability Company (LLC) (Single-Member)
- Limited Liability Company (LLC) (Multi-Member)
- Corporation
- Other (please explain): \_\_\_\_\_
- PAY TAXES ONLY

Current Taxpayer Identification Number (if available): \_\_\_\_\_

Business Location: \_\_\_\_\_  
(Address) (City) (State) (Zip)

Type of Benefit Applied For (check one):

- License
- Permit
- Contract
- Grant
- Incentive
- Bid
- Services
- Employment
- Assistance
- Other Benefits (Please explain):  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions, please call (205) 956-9200.