

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 TH ST. IRONDALE, AL 35210 revenue@cityofirondaleal.gov (205) 956-9200 option 2 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:

Federal Tax ID. # _____

State of Alabama Sales Tax # _____ State of Alabama Seller Use Tax # _____ State of Alabama Consumer Use Tax # _____

State of Alabama Lease Tax # _____ State of Alabama Rental Tax # _____ Lodging Tax # _____

Business Types: Retail Wholesale Contractor Service Professional Manufacturer Rental Other

Tax Types: Sales Consumer Use Seller's 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 Approved by: _____