

Complete and Return To:
 Jefferson County
 Department of Revenue
 A-100 Courthouse Annex
 716 Richard Arrington Blvd. N.
 Birmingham, Alabama 35203

Department of Revenue Jefferson County, Alabama

Phone (205) 731-2965
 (205) 325-5195
 Fax (205) 731-2966
 (205) 325-5687
 www.jeffcoline.jccal.org

Application for Tax or License Number

<i>For Office Use Only.</i>
Reg. # _____

Federal Employer Identification Number or Social Security Number. <small>(see instructions on back of application)</small>	Beginning Date of this Business in Jefferson County Month _____ Day _____ Year _____
Form of Organization: <input type="checkbox"/> 1. Corporation <input type="checkbox"/> 2. Partnership <input type="checkbox"/> 3. Sole Proprietorship <input type="checkbox"/> 4. Professional Association (PA) <input type="checkbox"/> 5. Limited Liability Company (LLC) <input type="checkbox"/> 6. Professional Corporation (PC) <input type="checkbox"/> 7. Other _____	Employees in Jefferson County: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Business: <input type="checkbox"/> 1. Manufacturer <input type="checkbox"/> 2. Contractor <input type="checkbox"/> 3. Wholesaler <input type="checkbox"/> 4. Retailer <input type="checkbox"/> 5. Other _____
Name of Proprietorship, Partnership, Corporation, or Association:	Trade Name if Different Than Name of Taxpayer:
Mailing Address to Which Tax Forms Are to be Sent:	Location Address of Office in Jefferson County: <small>(If more than 1, please list all locations on back of application. Do not use a P.O. Box)</small>
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Contact Name:	Contact Name:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Email Address:	Email Address:
Is this a new business? If no, name of former owner: <input type="checkbox"/> yes <input type="checkbox"/> no	Principal Business Activity and Product: (example: Retail Sales/Apparel) Activity _____ Product _____

Check the Taxes for Which You Are Liable:	Begin Date of Tax Liability:	Please initial below and fill out the back of the application if you want specific tax forms mailed to an address that is different from the mailing above	For office use only
	Month Day Year		F _____
<input type="checkbox"/> Business License	_____	_____	_____
<input type="checkbox"/> Occupational Tax	_____	_____	_____
<input type="checkbox"/> Sales Tax / Education Sales Tax	_____	_____	_____
<input type="checkbox"/> 3% Additional Sales Tax Alcoholic Beverage	_____	_____	_____
<input type="checkbox"/> Sellers Use Tax / Ed Sel Use Tax	_____	_____	_____
<input type="checkbox"/> Consumer Use Tax / Ed Con Use Tax	_____	_____	_____
<input type="checkbox"/> Direct Pay (Formerly Regulation A)	_____	_____	_____
<input type="checkbox"/> Lodging Tax	_____	_____	_____
<input type="checkbox"/> Tobacco Tax (Wholesaler)	_____	_____	_____
<input type="checkbox"/> Cable TV Franchise Tax	_____	_____	_____
<input type="checkbox"/> * Wine Tax (Wholesaler)	_____	_____	_____
<input type="checkbox"/> * Beer Tax (Wholesaler)	_____	_____	_____
<input type="checkbox"/> * Alcoholic Beverage Tax (Retailer)	_____	_____	_____
<input type="checkbox"/> * Motor Fuels Tax (Distributor)	_____	_____	_____

** These taxes require a bond to be posted with the Jefferson County Revenue Department. Call (205) 731-2929 for bond requirements.*

I CERTIFY THAT ALL INFORMATION ENTERED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT THE ISSUANCE OF A BUSINESS LICENSE DOES NOT GRANT OR IMPLY THAT THE BUSINESS LOCATION ADDRESS IS PROPERLY ZONED.

Please Print Name Signature Title Date

For Office Use Only <input type="checkbox"/> Privilege Municipality: _____ <input type="checkbox"/> Ordinance NAICS Code: _____ Reviewed by: _____	Notes: _____ _____ _____
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Instructions for Filing for Tax or License Number(s)

1. A Social Security Number can only be used for a Sole Proprietorship that has no employees or a Limited Liability Company that has no employees. A Federal Employer Identification Number (FEIN) must be used for all others. (A FEIN can be obtained from the Internal Revenue Service by calling 1-800-829-4933).
2. If you have more than one business location, you are required to file consolidated returns for Sales Tax, Seller's Use Tax, Consumer's Use Tax and Occupational Tax. Each location is required to have a separate business license. Please list below all locations within the State of Alabama. Attach additional sheets as needed.

For Office Use Only				Show Legal Name, DBA and Address for each location:
Chain Codes/ Store #	Account #	Location Codes		
		Mun.	Insp.	
				1.
				2.
				3.
				4.
				5.

If you are currently buying a State of Alabama chain store license as required by Title 40, Chapter 12, Section 315 of the 1975 Code of Alabama as amended. please list the county in which the license is purchased.

3. Please list the names of all Owners, Officers, Partners, or Members.

Name:	Title:	Social Security #:
Name:	Title:	Social Security #:
Name:	Title:	Social Security #:

4. Some taxpayers request tax forms be mailed to different locations. For example, you may want your sales tax forms sent to your CPA's office and your occupational tax forms sent to an outside payroll company. Jefferson County will gladly accommodate such requests. Please list below which type of tax forms you want mailed differently and specify the address you want Jefferson County to use. Attach an additional sheet if necessary.

Type of Tax:	Address for forms and correspondence to be mailed:	Phone #: Contact:
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LIMITED POWER OF ATTORNEY

I authorize the Jefferson County Department of Revenue to mail tax forms and correspondence above. I acknowledge that the person/company listed above is an employee and/or agent for my business and grant them a power of attorney to discuss tax issues with Jefferson County, AL. I understand that this does not relieve my responsibility to ensure all taxes are filed timely and accurately. I agree to notify Jefferson County in writing, if any of the above information changes, or if I wish to stop using the above listed agent.

Please Print Name

Signature

Title

Date