

APPLICATION FOR TAX/LICENSE ACCOUNT
CITY OF DEMOPOLIS

211 NORTH WALNUT

DEMOPOLIS, AL 36732

Phone: (334) 289-0577

Fax: (334) 289-8051

Read and complete this application. Provide any required documentation to the clerk or compliance officer.

Municipal Taxpayer ID# _____

Date of Application: _____

NEW APPLICATION CHANGE OF OWNERSHIP CHANGE OF PHYSICAL LOCATION NAME CHANGE ONLY

CHECK PRIMARY BUSINESS TYPE:

- Manufacturer
- Wholesaler
- Contractor
- Retailer
- Other

CHECK TYPE OF OWNERSHIP:

- Corporation
- Partnership
- Sole Proprietor
- Professional Association
- Other (Type: _____)

TAXPAYER'S LEGAL NAME & MAILING ADDRESS:

Social Security Number or FEIN: _____

Phone Number (_____) _____

Fax Number (_____) _____

D.B.A. (If Different Trade Name From Above) _____

Date Business Activity Initiated or Proposed in Demopolis _____

Brief Description of Business Activity _____

Product (If Applicable) _____

Does this company have salespeople soliciting in Demopolis? _____

Does this company deliver into Demopolis in its' own vehicles? _____

Does this company purchase taxable materials from outside the Demopolis jurisdiction? _____

Street Address of Location Being Licensed _____

Local Phone (_____) _____

E-Mail Address: _____

TYPE OF TAX COLLECTIONS

Check Applicable Taxes for this Business in The City of Demopolis Business License/Tax Jurisdiction:

LICENSE

Business License

Lodging Tax

Franchise Tax

Gasoline Tax

Liquor Tax

Consumers Use Tax

Tobacco Tax

Sales and/or Amusement Tax

Sellers Use Tax

Rental Tax

FILING STATUS

Monthly Quarterly

Monthly Quarterly

Monthly Quarterly

Information and/or documentation required: Drivers License or other picture identification (Visa, Passport, and Employment Authorization Card); State License and/or Board Certification when applicable; Corporate verification from the Alabama Secretary of State; and any other documentation as may be requested by the City of Demopolis Revenue Department. This information is used solely for the purpose of determining the correct license code and is retained as strict confidential information.

OWNER/PARTNER/OFFICERS' NAMES AND TITLES:

(Signature of Owner or Officer)

(Name of Applicant - Please Print)

Zoning Approval: _____ Date: _____

Building Inspector: _____ Date: _____

Fire Code Approval: _____ Date: _____

Horticulturist Approval: _____ Date: _____

Application Received by: _____

Compliance Confirmed by: _____