



BUSINESS REGISTRATION FORM

BUSINESS INFORMATION:

Business Name: _____ D/B/A: _____

Description of Business: _____

Organization Type: Agriculture Contractor Government Manufacturing Retail Wholesale Not-for-Profit Other

If Not-for-Profit, do you have proof of exemption status? Yes No (If yes, provide documentation to support)

Are you a General Contractor, Plumber, or Electrician? Yes No (If yes, you are required to acquire an indemnity bond)

Do you have an active State of Alabama license: Yes No (Required for Plumbers, Electricians, HVAC, Cosmetologist, Manicurist, Security/Alarm, Landscapers, Pest Control)

Business Type: Church Corporation LLC LLP Partnership Sole Proprietorship Other

First Day of Business: _____ Federal Identification # _____ Alabama Sales/Use Tax # _____

Will you have sales representatives, service employees, or any employees conducting business in the City of Auburn? Yes No
(If yes, indicate the number that will be working in the City. _____)

Will you have employees soliciting business door-to-door? Yes No (If yes, a \$75 solicitor's license is required for each employee)

No. of Decals for Vehicles: _____ How are your products delivered into City? Company-owned/Leased Vehicle Common-carrier

ADDRESS/MAILING INFORMATION:

Physical Location: _____

Is this a residence located in the city limits of Auburn? Yes No (If yes, a Home Occupation Permit from Planning is required)

Mailing Address: _____

CONTACT INFORMATION: (Person who can answer tax/licensing questions about this account)

Name/Title	Business Phone #	Alternative Phone #	Fax #	Email Address
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OWNER/PARTNER INFORMATION: (Person(s) legally responsible for business)

Name/Title	Home Address	Soc. Sec. #	Date of Birth	Driver's License #/State
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FIRST YEAR LICENSE FEES: Business start date Jan 1st – June 30th: \$155 for general contractors and \$105 for all other business types. Business start date Jul 1st – Dec 31st: \$80 for general contractors and \$55 for all other business types. License fees include an issuance fee of \$5. **All licenses expire on Dec 31st. Licenses are renewable on Jan 1st and are delinquent if renewed after Feb 28th. Penalties and interest will be assessed on licenses renewed after Feb 28th.**

PAYMENT INFORMATION: Payments for business license may be made in person at Revenue Office or via US Mail
Accepted forms of payment: Cash (**Do not send cash via US Mail**), Check, Money Order, or Credit Card (**Visa/MasterCard-ONLY**)

Name of Cardholder: _____ Card Type: Visa MasterCard

Card Number: _____ - _____ - _____ - _____ Expiration Date: ___/___/___ Amount Paid: _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS FORM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE. MY SIGNATURE INDICATES THAT I TAKE FULL RESPONSIBILITY FOR THE INFORMATION PRESENTED ON THIS FORM AND ANY TAX LIABILITY THAT MIGHT OCCUR.

PRINT NAME OF OWNER/PARTNER/OFFICER

SIGNATURE OF OWNER/PARTNER/OFFICER

TITLE

DATE

FOR INTERNAL USE ONLY: Payment State License Indemnity Bond Home Occupation Permit
 Not-for-Profit Documentation Copy Driver's License Scan Documents Forms Mailed License Mailed

Comments: _____

Initials _____