MONTGOMERY COUNTY COMMISSION

Tax & Audit Department

Application for Sales & Use Taxes, Lodging Tax, Gasoline Tax, Fuel Tax, and Rental Tax Registration

FOR OFFICE USE ONLY
ACCT

1) Legal Business Name _____

2) DBA (Name of person, firm, corporation, association, or partnership) _____

_____

3) If business location is a lodgings facility, list the number of rooms per location _____

4) Addresses of physical location in Montgomery County (Attach additional sheet if necessary)

_____

_____
City State Zip Code

5) Addresses of physical business location of corporate headquarters and within Alabama (Attach additional sheet if necessary)

_____

_____
City State Zip Code

6) Mailing Address _____

_____

_____
City State Zip Code

7) Federal Identification Number or Social Security Number _____

8) Email Address _____

9) Type of business (grocery, hardware, clothing sales, etc.) _____

_____

Please check one:

( ) Principally Wholesale ( ) Contractors – Use ( ) Manufacturer
( ) Principally Retail ( ) Service / Professional ( ) Other _____

Please check one:

( ) Corporation-attach Articles of Incorporation ( ) Limited Liability Company-attach Articles of Organization
( ) Partnership-attach Articles of Organization ( ) Sole Proprietorship-attach drivers' license

10) Former business name and owner _____

11) Date retail sales, use, lodgings, rental, gasoline, fuel **began** in Montgomery County _____

12) Person to contact if questions arise (a power of attorney form may be necessary)

_____

Business Phone _____ Ext. _____ Fax # _____

Email _____ Home Phone _____

13) Information regarding each owner, member, or corporate officer. (Attach additional sheets if necessary)

Name _____

Title _____

Date of Birth _____ Social Security Number _____

Home Address _____

_____

_____

City State Zip Code

Home Telephone Number _____

Name _____

Title _____

Date of Birth _____ Social Security Number _____

Home Address _____

_____

_____

City State Zip Code

Home Telephone Number _____

Name _____

Title _____

Date of Birth _____ Social Security Number _____

Home Address _____

_____

_____

City State Zip Code

Home Telephone Number _____

14) Signature of owner, all partners, members, or elected officers

_____ Date _____

_____ Date _____

_____ Date _____

15) Mail or fax completed application to:

Montgomery County Commission
Tax & Audit Department
PO Box 4779
Montgomery, AL 36103-4779

Phone: (334) 832-1697
Fax: (334) 851-3973
Emai: TaxAudit@mc-ala.org

INSTRUCTIONS: COMPLETE EACH LINE. AN ACCOUNT NUMBER CANNOT BE ISSUED UNTIL THIS FORM IS COMPLETED. TYPE OR PRINT LEGIBLY.