

# BUSINESS APPLICATION

# CITY OF ROBERTSDALE, ALABAMA

(Confidential)

Print or Type this Form

LICENSE TYPE:  NEW  RENEWAL  OWNER CHANGE  NAME CHANGE  LOCATION CHANGE

TAX TYPE:  SALES  SELLERS USE  CONSUMER USE  RENTAL  LODGING  
 TOBACCO  GAS/MOTOR FUEL  ALCOHOL (beer, wine, liquor) \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Doing Business As (if different from above): \_\_\_\_\_

Federal Tax ID (FEIN) \_\_\_\_\_  
 Alabama Department of Revenue Tax ID # \_\_\_\_\_  
 Alabama Regulatory Board: \_\_\_\_\_  
 ↓  
 Board License # \_\_\_\_\_ → Expiration Date: \_\_\_\_\_

**Form of Ownership (Check One)**

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Association
<input type="checkbox"/> LLC	<input type="checkbox"/> Other (specify) _____

**MAIL TO:**  
 City of Robertsdale, Revenue Department  
 P.O. Box 429  
 Robertsdale, AL 36567-0429

Contact Numbers: Office (251) 947-8920  
 FAX (251) 947-1129 TDD (251) 947-2122  
 E-mail: [shannonburkett@robertsdale.org](mailto:shannonburkett@robertsdale.org)  
 Website: [www.robertsdale.org](http://www.robertsdale.org)  
 Physical Address: 22647 Racine Street  
 Robertsdale, AL 36567-6735

**Business Activity & Product:** (Write a brief description – example: retail sales, wholesale sales, rental of tangible personal property, computer consulting)

If you make deliveries or sales into the city limits or police jurisdiction, indicate how you make the sale and how the product is delivered:

Sales Method: \_\_\_\_\_ Delivery Method: \_\_\_\_\_

PHYSICAL LOCATION:  CITY LIMITS  POLICE JURISDICTION (PJ)  OUTSIDE CITY LIMITS & PJ

Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_  
(Business) (Fax) (Home Phone – In Case Of Emergency)

E-mail Address: \_\_\_\_\_

Name/Phone Number for Contact Person: \_\_\_\_\_ ( ) \_\_\_\_\_

List Names of Owner(s), Partners or Officers (attach separate sheet if necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN</u>	<u>Title</u>
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Are hazardous materials used at this location? Yes \_\_\_ or No \_\_\_

Coin-Operated Vending Machines at this location? Yes \_\_\_ (# \_\_\_) or No \_\_\_ Machine Owner(s): \_\_\_\_\_

Date business activity initiated or proposed to be initiated in ROBERTSDALE: \_\_\_\_\_

Annual anticipated Gross Receipts (if new business) or Gross Receipts for the preceding year: → → → \$ \_\_\_\_\_

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. I am authorized to sign legal documents.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_  
(Owner/Partner/Member/Officer/Power of Attorney Representative)