

APPLICATION TYPE:

- Business License
- Tax Account
- Location Change
- Name Change
- Owner Change

CITY OF MADISON

Business License & Tax Application
P.O. Box 99 • Madison, Alabama 35758
Phone 256-772-5654 • Fax 866-591-8740
revenue@madisonal.gov

Date _____
ID _____
Payment _____
Amount _____

PLEASE PRINT OR TYPE

Legal Business Name: _____ EIN, State ID, or SS # _____

D.B.A. (if different from above): _____

Mailing Address: _____
street city state zip code

Physical Address: _____
street city state zip code

Email Address : _____

Telephone: (____) _____ (____) _____ (____) _____
WORK FAX HOME/CELL

Name/Phone Contact Person: _____

Names of Owner(s), Partner(s), or Officer(s) – Use back or attach separate sheet if necessary:

NAME	TITLE	SOCIAL SECURITY NUMBER	PHONE
_____	_____	_____	_____
_____	_____	_____	_____

Description of Work: _____

Number of Employees: _____

Organization Type: Corporation LLC Partnership Sole Proprietor

Estimated gross receipts: \$ _____

License amount \$ _____

Issue Fee: \$ 14.00

Total amount due \$ _____

CONTRACTOR INFO:	
Date work begins _____	Contract Amount \$ _____
Job Location _____	
If Sub, Name of General Contractor _____	

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.

Signature of Applicant _____

Title _____ **Date** _____

NAICS Code(s) _____
Tax: <input type="checkbox"/> Sales <input type="checkbox"/> Use <input type="checkbox"/> Rental <input type="checkbox"/> Lodging <input type="checkbox"/> Liquor <input type="checkbox"/> Tobacco <input type="checkbox"/> Gas
Filing: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Occasional <input type="checkbox"/> Other