

Do you need reasonable accommodation to complete this form? If so, please call 256-772-5654

APPLICATION TYPE: Business License
Tax Account

Date _____
ID _____
Payment _____
Amount _____

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

PLEASE PRINT OR TYPE

Legal Business Name: _____ EIN or SS # _____

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

Mailing Address: _____

Physical Address: _____

Telephone: (_____) _____ (_____) _____ (_____) _____
BUSINESS FAX HOME/CELL

Email Address: _____

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: _____

Estimated gross receipts: \$ _____ License amount: \$ _____

Issue fee: \$ 12

Total amount due: \$ _____

Organization Type:

Corporation
 LLC
 Partnership
 Sole Proprietor

Business Type:

Contractor
 Manufacturer
 Professional
 Retail
 Service
 Wholesale
 Other _____

Delivery Method:

Common Carrier
 Customer Pickup
 Own Vehicle
 UPS

Physical Location:

City
 Outside City Limits

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"/> Lease <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