

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: \$ 12.00**  
**Total amount due \$** \_\_\_\_\_

<b>CONTRACTOR INFO:</b>	
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