



CITY OF PIEDMONT
INFORMATION FOR SALES TAX NUMBER & BUSINESS LICENSE
 (required as per Ordinance 253; 304 & 385 City of Piedmont, Alabama 36272)

ACCOUNT NO. - FOR OFFICE USE ONLY

PLEASE COMPLETE EACH LINE APPLICABLE TO YOUR BUSINESS.

1. Federal Employer Identification Number (FEIN) _____ Telephone No. () _____

2. _____
 Name of person(s), firm, corporation, association, co-partnership making application

Give trade name _____

3. Mailing address of home office _____
 P.O. Box or Street & No. or Corrected 911 Address

City	County	State	Zip Code
------	--------	-------	----------

4. Number of businesses in Piedmont, _____ Location _____
 City Street & No. of Hwy. County

Location must be exact street number or if on highway or rural route give details as to location. If more than one location use back of application to list locations. _____

5. Check one of following for location of business () Corporate Limits of City () Police Jurisdiction
 () Outside Corporate Limits and Police Jurisdiction

6. Type of business _____
 Grocery, Hardware, Drug Store, etc.

In addition please check: Principally Wholesale () Principally Retail () Contractor () Other ()
 Manufacturer ()

7. State whether corporation, partnership or individually owned _____
 (Corporations must attach a copy of certificate of incorporation)

8. Ownership information
 Corporations – Give name, title, home address, and Social Security No. of each officer, Telephone No. _____
 Partnerships – Give name, home address, and Social Security No. of each partner, Telephone No. _____
 Sole Proprietorships – Give name, home address, and Social Security No. of owner, Telephone No. _____

9. Name of former owner of business _____

10. Date retail sales are to begin _____

11. Business Telephone No. _____ Home Telephone No. _____

(This application requires the signature(s) of owner, all partners, or elected officer of corporation)

Signed _____ Signed _____

Title _____ Date _____ Title _____ Date _____