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 __________________________ Date __________________________

   Signed __________________________ Date __________________________

   Title __________________________ Date __________________________

   Title __________________________ Date __________________________

Mail to:
CITY OF PIEDMONT  PO. Box 112 • Piedmont, Alabama 36272 • 256-447-9007