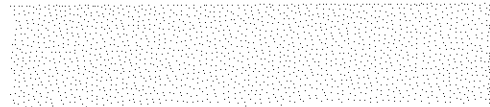


COMPLETE AND RETURN THIS FORM TO:

City of Daphne, Revenue Division  
P.O. Drawer 1047  
Daphne, Alabama 36526-1047  
Ph: (251) 621-6613  
Fax: (251) 621-6904



# CITY OF DAPHNE, ALABAMA

## APPLICATION FOR BUSINESS IDENTIFICATION NUMBER

PLEASE PRINT OR TYPE

DATE OF APPLICATION \_\_\_\_\_

NAME OF TAXPAYER (LAST NAME FIRST) OR CORPORATION NAME			DBA NAME OR LOCATION NAME		
MAILING ADDRESS			PHYSICAL ADDRESS		
ATTENTION:					
CITY	STATE	ZIP	CITY	STATE	ZIP
EMAIL			EMAIL		
PHONE NUMBER ( )			PHONE NUMBER ( )		
TYPE OF BUSINESS:			FORM OF ORGANIZATION:		
<input type="checkbox"/> 1. Manufacture <input type="checkbox"/> 2. Contractor <input type="checkbox"/> 3. Wholesaler <input type="checkbox"/> 4. Retailer (Product) <input type="checkbox"/> 5. Other _____			<input type="checkbox"/> 1. Corporation <input type="checkbox"/> 2. Partnership <input type="checkbox"/> 3. Proprietorship <input type="checkbox"/> 4. L L C <input type="checkbox"/> 5. Other _____		
DATE BUSINESS BEGAN IN DAPHNE:			Salesman Calling and / or Deliveries		
MONTH	DAY	YEAR	In City Limits of Daphne:		<input type="checkbox"/> Yes <input type="checkbox"/> No
PRINCIPAL BUSINESS ACTIVITY AND PRODUCT			Deliveries by Common Carrier: <input type="checkbox"/> Yes <input type="checkbox"/> No		

ACTIVITY:	PRODUCT:
CHECK THE TAXES FOR WHICH YOU ARE LIABLE:	TAX IDENTIFICATION NUMBER NOW ASSIGNED TO YOU:
<input type="checkbox"/> Sales Tax <input type="checkbox"/> Beer Tax <input type="checkbox"/> Sellers Use Tax <input type="checkbox"/> Wine Tax <input type="checkbox"/> Lease/Rental Tax <input type="checkbox"/> Liquor Tax <input type="checkbox"/> Consumer Use Tax <input type="checkbox"/> Tobacco Tax <input type="checkbox"/> Gasoline Tax <input type="checkbox"/> Business License	Federal I D Tax No _____ Daphne Business License No _____ State of Alabama Sales Tax No _____ State of Alabama Lease Tax No _____ State of Alabama Sellers Use Tax No _____ State of Alabama Consumers Use Tax No _____ State of Alabama Contractors License No _____
Do you elect to Renew Annual License? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICERS, PARTNERS, OR OWNERS INFO:	DRIVERS LICENSE #	SOCIAL SECURITY #	TITLE

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT

SIGNATURE OWNER / OFFICER	TITLE	DATE
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<h3>CITY OFFICE USE ONLY</h3>				CU		Batch #
				RT		Check #
NAICS		TER		BLC		Amount
ST				GR		Verify
SU				BID		Posted