



**CITY OF AUBURN, AL  
TAX REGISTRATION FORM**

For City of Auburn Staff use only:

Customer # \_\_\_\_\_

**BUSINESS INFORMATION**

Business Legal Name: \_\_\_\_\_ DBA Name: \_\_\_\_\_

Federal Employer Identification # \_\_\_\_\_ State of Alabama Sales/Use Tax # \_\_\_\_\_

Type of Ownership:  Corporation  Partnership  Individual or Sole Proprietorship  Limited Liability Partnership (LLP)  
 Limited Liability Company (LLC) (Single Member)  Limited Liability Company (LLC) (Multi-Member)

**TAX/LICENSING INFORMATION**

Description of Business Activity: \_\_\_\_\_

First Day Business Activities Will Begin in Auburn: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Tax Types (Check all applicable tax types):  Sales  Use  Rental/Leasing Estimated Monthly Tax Liability: \$ \_\_\_\_\_  
Preferred Filing Status:  Monthly  Quarterly  Annually  Occasional  One-time

Will you have any company representatives (i.e. salespersons, delivery/installation personnel, consultants/agents) conducting business in the City of Auburn? \_\_\_ Yes \_\_\_ No If yes, are they classified as employees (W-2) or independent contractors (1099)? \_\_\_ W-2 or \_\_\_ 1099

- Any person working in the City on your behalf must either be a W-2 employee on your payroll or purchase his/her own business license as a 1099 independent contractor. All W-2 employees are subject to the occupational license fee
- If yes and representatives are W-2 employees, **DO NOT** complete this form. The **Business Registration form must be completed.**

**ADDRESS/MAILING INFORMATION**

Physical Location: \_\_\_\_\_, \_\_\_\_\_ (City), \_\_\_\_\_ (State), \_\_\_\_\_ (Zip)

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_, \_\_\_\_\_ (City), \_\_\_\_\_ (State), \_\_\_\_\_ (Zip)

**OWNER/PARTNER/OFFICER INFORMATION** (Person(s) legally responsible for business) (Attach additional sheets if necessary)

**SECTION MUST BE COMPLETED BY ALL PERSONS LEGALLY RESPONSIBLE FOR BUSINESS**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_, \_\_\_\_\_ (City), \_\_\_\_\_ (State), \_\_\_\_\_ (Zip)

Business Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DL#/STATE: \_\_\_\_\_

**Please provide a legible copy of the driver's license or state-issued identification card for each owner/partner/officer.**

**CONTACT INFORMATION** (Person(s) who can answer tax/licensing questions about the business) (Attach additional sheets if necessary)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

**STATEMENT OF DECLARATION**

Under penalties of perjury, I declare that I have examined this form and to best of my knowledge and belief, it is true, correct, and complete. My signature indicates that I am legally responsible for the business and assume all tax/licensing liabilities of this business that might occur.

Signature of Person Legally Responsible for Business

Print Name of Person Legally Responsible for Business

Date: \_\_\_\_\_