



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: _____