

Gordon Stone, Mayor

**Council**

Chris Dunn  
Angie Bradsher  
Doug Fuhrman  
Rob Steindorff  
Chris Myers

Lisa Burke, Town Clerk



Complete and Mail To:

TOWN OF PIKE ROAD  
9575 VAUGHN ROAD  
P. O. BOX 640339  
PIKE ROAD, AL 36064-0339  
REVENUE@PIKEROAD.US  
(334) 272-9883 Fax (334) 272-9884

**Business License Application**

Application Type:  New  Renewal  Owner Change  Name Change  Location Change

Application Date: \_\_\_\_\_ License Year: \_\_\_\_\_

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

DBA/Trade Name: \_\_\_\_\_

Business Activities: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ or SSN: \_\_\_\_\_ or State Tax Number: \_\_\_\_\_

Form of Ownership (check one):  Sole Proprietor  Partnership  Corporation  LLC  Other: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different from physical): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Email: \_\_\_\_\_

Business Start Date: \_\_\_/\_\_\_/\_\_\_

Is this business located inside the town limits of Pike Road? Y N

Please select the type of business:  Retail  Wholesale  Building Contractor  Service  Professional  
 Manufacturing  Rental  Other

Tax Type:  Sales Tax  Sellers Use  Consumers Use  Rental Tax  Lodgings Tax  Alcohol  
 Occupational  Tobacco  Gas/Motor Fuel

Filing Frequency:  Monthly  Quarterly  Biannually  Annually  Other  No Account

**List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary)**

<u>Name</u>	<u>Residence Address</u>	<u>SSN (if not publicly traded co.)</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Person Completing Application (please print): \_\_\_\_\_

Title of Person Completing Application: \_\_\_\_\_

Signature: \_\_\_\_\_