

Gordon Stone, Mayor

Council

Mim Whatley

Rob Steindorff

Marcus Robinson

Angie Bradsher

Doug Fuhrman

Lisa Burke, Town Clerk



Complete and Mail or Email 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

Special Event Business License Application

Application Type: _____ New _____ Renewal _____ Owner Change _____ Name Change _____ Location Change

Application Date: _____ Date & Name of Event: _____

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: _____

Business Start Date: ____/____/____ Email: _____

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)

Name

Residence Address

SSN (if not publicly traded co.)

Title

Name of Person Completing Application (please print): _____

Title of Person Completing Application: _____

Signature: _____