

Gordon Stone, Mayor

Council

Chris Dunn
Angie Bradsher
Doug Fuhrman
Rob Steindorff
Chris Myers

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

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: _____