

**CITY OF MONTGOMERY**  
**APPLICATION FOR SALES TAX REGISTRATION**

<b>For Office Use Only:</b>	License Account Number: _____
City Sales Tax # _____	
Date Issued _____ By _____	

**PLEASE COMPLETE EACH LINE APPLICABLE TO YOUR BUSINESS. YOUR SALES TAX REGISTRATION NUMBER WILL NOT BE ISSUED UNTIL APPLICATION IS COMPLETED PROPERLY.**

Federal Employer Identification Number (FEIN) \_\_\_\_\_ Alabama State Sales Tax No. \_\_\_\_\_

Name of person(s), firm, corporation, association, co-partnership making application \_\_\_\_\_

Trade name and company \_\_\_\_\_

Mailing address of home office \_\_\_\_\_ P.O. Box or Street and No. or R.F.D. \_\_\_\_\_

City	County	State	Zip Code
Number of businesses in Montgomery	Location	*Address	City State Zip

\*Location must be exact street number or if on highway or rural route give details as to location. If more than one location, use reverse side of application to list locations.

Check one of following for location of business in Montgomery:

- Corporate Limits of City
- Police Jurisdiction
- Outside Corporate Limits and Police Jurisdiction

Type of Business: \_\_\_\_\_  
Grocery, Hardware, Drug Store, Retail Store, Etc.

In addition please check:

- Principally Wholesale
- Principally Retail
- Contractor
- Other

State whether corp, partnership, or individually owned: \_\_\_\_\_  
**(Corporations must attach a copy of Certificate of Incorporation.)**

Owner Information List  
Corporations – List name, title, home address, Social Security No. and D.O.B. of each officer.  
Partnerships – List name, home address, Social Security No. and D.O.B. of each partner.  
Sole Proprietorship – List name, home address, Social Security No. and D.O.B. of owner.

Name of former business (if applicable): \_\_\_\_\_  
Date sales began / to begin in Montgomery City: \_\_\_\_\_  
Business Telephone No.: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_

**THIS APPLICATION REQUIRES THE ORIGINAL SIGNATURE(S) OF OWNER, ALL PARTNERS, OR ELECTED OFFICERS OF CORPORATION.**

Signed _____	Signed _____
Title _____ Date _____	Title _____ Date _____