COMPLETE AND RETURN THIS FORM TO:
City of Birmingham-Revenue Division
710 North 20th Street-Room TL 100
Birmingham, AL 35203
(205) 254-2198 Office
(205) 254-2963 Fax

TAXPAYER IDENTIFICATION NUMBER
(City Office Use Only)

CITY OF BIRMINGHAM
APPLICATION FOR TAX CERTIFICATE

The information that you provide in this application is protected by the confidentiality provisions outlined in Ordinance No. 97-183, "The Business License Code of the City of Birmingham", Article II, Section 14. Please type or print. This application should be completed fully to avoid delays in processing.

Section 1 – WHAT WOULD YOU LIKE TO DO?

- ○ Register a new business **(Please complete all sections)**
- ○ Add a New Location or Tax Type to your current registration **(Please complete Sections 2, 3, 5-10, 12,13, and 14)**
- ○ Change Business Ownership of your current registration **(Please complete all sections)**
- ○ Change the Mailing Address only for your current registration **(Please complete Sections 2, 8-10, 12, 13 and 14)**
- ○ Change the Location Address of your current registration **(Please complete Sections 2, 3, 5-13, and 14)**
- ○ Change in Corporate Officers, Members, or Partners **(Please complete Sections 2, 5, 7-9, 11-13, and 14)**
- ○ Provide a general "update" of your current registration information **(Please complete all sections)**

Section 2 – LEGAL NAME AND MAILING ADDRESS to which tax forms are to be sent:

(Note: If mailing address is a post office box, the street address of the business must also be indicated.)

Full Legal Name _____
Attention: _____
Address _____
_____
City _____ State _____ Zip Code _____ - _____
Area Code and Phone Number _____
Area Code and Fax Number _____
Name of Contact Person _____
E-Mail _____ Website Address _____

Section 3 – TRADE NAME AND LOCATION ADDRESS of office in Birmingham. If you are registering more than one location, please see reverse side of this form. **(Important Note: All business locations are subject to zoning approval.)**

Please select: ○ Commercial Establishment ○ Private Residence ○ No Physical Birmingham Location

Trade (d/b/a) Name _____
Attention: _____
Address _____
_____
City _____ State _____ Zip Code _____ - _____
Area Code and Phone Number of Business Location _____
Area Code and Fax Number of Business Location _____
Name of Contact Person at Business Location _____
E-Mail _____ Website Address _____

Section 4 – CHANGE OF OWNERSHIP resulting from merger, purchase or acquisition of an existing business.

If applicable, this section MUST be completed.

Former Owner _____ Birmingham Taxpayer ID Number _____
Trade (d/b/a) Name _____
Mailing Address of FormerOwner _____
_____
Address(es) of Former Location(s) _____
_____
Area Code and Phone Number of Former Owner _____

Section 5 – TYPE OF OWNERSHIP

Please indicate the form of organization. NOTE: Please refer to the accompanying **"General Information for Preparing an Application for Tax Certificate Form"** instruction sheet for a listing of supplemental documentation to be included with this application.

- ○ 1. Alabama Corporation (Incorporated in Alabama)
- ○ 2. Partnership (two or more owners)
- ○ 3. Sole Proprietor (one owner)
- ○ 4. Unincorporated Association (i.e., PA)
- ○ 5. Other _____
- ○ 6. Limited Liability Partnership (LLP)
- ○ 7. Limited Liability Company (LLC)

- ○ 1. Foreign Corporation (Incorporated in another state)

Section 6 – TYPE OF BUSINESS

Please indicate the principal business activity category.

- ○ 1. Manufacturer
- ○ 2. Contractor (Please specify) _____
- ○ 3. Wholesaler
- ○ 4. Retailer
- ○ 5. Other (Please specify)_____
- ○ 6. Food/Eating Establishment
- ○ 7. Day Care Center

- ○ 8. Home Occupation/Home Office (Please specify the type of occupation or office) _____
- ○ 9. State Certified, State Regulated, or State Licensed Occupations (Please specify) _____
- ○ 10. Transient Vendors/Special Events:
  Date(s) of the Event _____
  Event Location _____

Section 7 – PRINCIPAL BUSINESS ACTIVITY AND PRODUCT

You should indicate the one business activity that accounts for the largest percentage of gross income. State the broad field of business activity as well as the product or service. For example—Activity: Wholesale Sales / Product: Pharmaceuticals OR Activity: Manufacturing / Product: Automobiles. Note: This information should be the same information as required by the Internal Revenue Service on Schedule C of Form 1040 for Sole Proprietorships.

Activity _____ Product _____

Section 8 - FEDERAL TAX ID NUMBER / NUMBER OF EMPLOYEES

Enter Federal Identification Number (REQUIRED) **and** the number of employees that will be **working** in Birmingham.

Federal ID Tax Number _____ Number of Employees in Birmingham (Required)_____

Section 9 – COMMENCEMENT OF BUSINESS ACTIVITY

Enter Date Business Activity Will Begin in Birmingham: Month _____ Day _____ Year _____

Enter Date City of Birmingham Taxpayer Identification Number Applied For: Month _____ Day _____ Year _____

Section 10 – TAX LIABILITIES

Check the taxes for which you are liable.

- ☐ Sales Tax
- ☐ Sellers Use Tax
- ☐ Consumers Use Tax
- ☐ Lease Tax
- ☐ Occupational Tax —Employer's
- ☐ Lodgings Tax
- ☐ Business License Tax

TAX IDENTIFICATION NUMBERS NOW ASSIGNED TO YOU: (Write "None" if no number assigned)

State of Alabama Sales Tax Number _____
State of Alabama Sellers Use Tax Number _____
State of Alabama Consumers Use Tax Number _____
State of Alabama Lease Tax Number _____
State of Alabama Lodgings Tax Number _____
State of Alabama Unemployment Tax Number _____

If you have more than one business location, it is assumed that you will file consolidated returns for each of the taxes for which you may be liable, including sales, use, lease, occupational, and lodgings taxes. Each separate business location requires a separate business license.

Section 11 – OWNER, PARTNERS, MEMBERS, OR CORPORATE OFFICERS

This information REQUIRED. (Attach additional sheets if necessary.)

NAME	TITLE	SOCIAL SECURITY NUMBER

Section 12 – CORPORATE RESIDENT AGENT OR LOCAL MANAGER

Name _____

Address of Residence _____

_____

City _____ State _____ Zip Code _____ - _____

Area Code and Phone Number of Residence _____

Section 13 – STATEMENT OF ACKNOWLEDGEMENT AND ACCEPTANCE OF CONDITIONS – Please read carefully, then sign.

I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief all questions answered are true, correct, and complete statements, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable City of Birmingham Tax Code provisions, and state laws, as well as with all conditions set forth in any and all applicable City of Birmingham Laws, Ordinances, Rules and Regulations, and that any failure or refusal to comply with said laws, ordinances, rules and regulations may result in the revocation of any license issued pursuant to this application. I also understand that disclosure of any false or misleading information will result in automatic denial of any license issued pursuant to this application, or in the revocation of the license if such has already been issued. I understand that it is unlawful for any person to commence or engage in any business, vocation, occupation or profession, who is not otherwise exempt therefrom under the provisions of the City of Birmingham Business License Tax Code (Ordinance No. 97-183), without first having procured a license therefor, and that it is unlawful for any person to continue in any business, vocation, occupation, or profession after the expiration of a license previously issued, without obtaining a new license. I further understand that it is unlawful for any person to engage in or to continue in any business, vocation, occupation, or profession at any location within the corporate limits of the City of Birmingham without approval from the City of Birmingham Department of Planning, Engineering, and Permits (Zoning Division).

Signed:

_____ _____

Signature of the Person Completing This Application — Date

_____ _____

Print the Name of the Person Completing This Application — Phone Number of Person Completing Application

CITY OFFICE USE ONLY – Location _____

ZONING APPROVAL AND COMMENTS:

_____

_____

_____

HOME OCCUPATION CERTIFICATE EXECUTED

☐ YES ☐ NO ☐ NOT APPLICABLE

SIC OR NAICS _____

BLIC _____

TERRITORY _____

ANNEX _____

HEALTH DEPT PERMIT _____

OTHER REQUIRED PERMIT _____

ARTICLES OF INCORPORATION _____

CERTIFICATE OF AUTHORITY _____

TAX FORMS ORDERED ☐ NBL ORDERED ☐