



KIM HASTIE, LICENSE COMMISSIONER, MOBILE COUNTY
 MOBILE COUNTY SALES TAX DEPARTMENT
 3925 MICHAEL BOULEVARD SUITE F
 P. O. DRAWER 161009
 MOBILE, ALABAMA 36616
 (251) 574-4800
 FAX (251) 574-8103

THIS APPLICATION IS FOR BUSINESS LICENSE SALES TAX / SCHOOL TAX / LODGING TAX ACCOUNT USE TAX ACCOUNT

CHECK ONE: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> OTHER				
NAME OF BUSINESS			BUSINESS TELEPHONE NUMBER	
BUSINESS LOCATION ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS		CITY	STATE	ZIP CODE

OWNERS, PARTNERS AND/OR PRINCIPALS **REQUIRED: COPY OF OWNER OR OFFICER'S DRIVER'S LICENSE**

NAME/TITLE AND HOME ADDRESS	SOC. SEC. #	DATE OF BIRTH	DR. LIC. #	HOME PHONE #
1.				
2.				
3.				

BUSINESS TYPE - CHECK APPROPRIATE BOX (ES) CONTRACTOR INDICATE TYPE OF CONTRACTOR:
 BROKERAGE FOOD LEASE LODGING LOUNGE RENTAL VENDOR
 MANUFACTURER PROFESSIONAL RETAIL SALES SERVICE WHOLESALE/SALES FOR RESALE
 OTHER-DESCRIBE _____

% BUSINESS WILL DO IN RETAIL: _____ WHOLESALE: _____ VENDING MACHINES # / TYPE: _____

DESCRIBE IN DETAIL BUSINESS OPERATIONS, SERVICES RENDERED AND/OR PRODUCTS SOLD:

BUSINESS LOCATED IN: CITY LIMITS POLICE JURISDICTION COUNTY OTHER

ARE YOU GOING TO MAKE DELIVERIES IN MOBILE COUNTY OUTSIDE THE CITY LIMITS OF MOBILE OR PRICHARD? YES NO

START DATE OF BUSINESS IN MOBILE COUNTY: _____ NO. OF EMPLOYEES: _____ FEIN: _____

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MY LICENSE CAN BE REVOKED FOR ANY FALSE STATEMENTS MADE HEREIN, AND THAT I MAY BE LIABLE FOR MOBILE COUNTY SALES/USE TAX UNDER THE RESOLUTION LEVYING SUCH TAXES.

SIGNATURE	TITLE	DATE
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OFFICE USE ONLY	
LICENSE NUMBER:	CODE SECTION:
CITATION NUMBER:	TAX ACCOUNT NUMBER:
FREQUENCY: <input type="checkbox"/> MONTHLY <input type="checkbox"/> USE <input type="checkbox"/> OCCASIONAL	PREPARED BY: