



Montgomery County

COMMISSION

Tax & Audit Department

Application for Sales/Use/Lodgings Tax Registration



FOR OFFICE USE ONLY
ACCT

- 1) Business Name _____
- 2) Name of person, firm, corporation, association or partnership _____
- 3) If business location is a lodgings facility, list the number of rooms per location _____
- 4) Name of business locations in Montgomery County _____
- 5) Address(es) of business location(s) in Montgomery County (attach additional sheets if necessary)

City State Zip Code

- 6) Mailing Address _____
- _____
- City State Zip Code

- 7) Federal Identification Number or Social Security Number: _____

- 8) Email Address _____

- 9) Type of business (grocery, hardware, clothing sales ,etc.)

Please check one:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Principally Wholesale | <input type="checkbox"/> Contractors - Use | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Principally Retail | <input type="checkbox"/> Service/Professional | <input type="checkbox"/> Other |

Please check one:

- | | |
|--|--|
| <input type="checkbox"/> Corporation (attach copy of Certificate of Incorporation) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship |

- 10) Former business name and owner _____

- 11) Date retail sales, use, or lodgings began in Montgomery County _____

- 12) Person to contact if questions arise _____

Business# _____ Extension _____ Home _____

Email: _____ Fax _____

13) Information regarding each owner or corporate officer. Attach additional sheets if necessary.

Name _____
Title _____
Social Security Number _____
Date of Birth _____
Home Address _____

City State Zip
Home Telephone Number _____

Name _____
Title _____
Social Security Number _____
Date of Birth _____
Home Address _____

City State Zip
Home Telephone Number _____

Name _____
Title _____
Social Security Number _____
Date of Birth _____
Home Address _____

City State Zip
Home Telephone Number _____

14) Signature of owner, all partners, or elected officers:

_____	Date	_____
_____	Date	_____
_____	Date	_____

15) Mail or fax completed application to: **Montgomery County Commission
Tax & Audit Department
P.O. Box 4779
Montgomery, AL 36103-4779
Phone: (334) 832-1697
Fax: (334) 832-1223
Email: TaxAudit@mc-ala.org**

**INSTRUCTIONS: COMPLETE EACH LINE. AN ACCOUNT NUMBER CANNOT BE ISSUED UNTIL THIS FORM IS COMPLETED.
TYPE OR PRINT LEGIBLY.**