Complete and Mail with Payment to:

CITY OF TALLADEGA



203 West South Street P.O. Box 498 Talladega, AL 35161 256-362-8186 256-362-2999 FAX

Applicant Complete This Box						
FEIN						
State Sales / Use Tax #						
Form of Ownership (Check One)						
Sole Proprietor	Partnership					
Corporation	Professional Association					
LLC	Other					

		Please Print or Typ	e (Confidential)			
Application Types:	es:NewOwner Change		New Change	Location	Location Change	
Legal Business Name	::				_	
Γrade Name: (if diffe	rent from above):				_	
	-	-	food sales, rental of in		omputer c	
Physical Address:						
	(Street)		(City)	(State)	(Zip)	
Mailing Address:						
	(Street)		(City)	(State)	(Zip)	
Telephone:						
Contact Person:	(Business)		(Fax)	(Home)		
	(Name)		(Phone)	(Email)		
List following for ow Name	ner(s), partners or off R	icers (attach separatesidence Address	e sheet if necessary)	Title		
	-		f employees in Tallad of my knowledge, a t	-		
the above-named enti Date:	•		Ti	tle:		
		S AREA FOR MUNIC				
Account ID Physical Loc Zoning Class:Bu	#NA ation:City	ICS CodePolice Jurisdictio	Job Cost	side Corp. Limits & I		
TAXSales/Sellers UseRentalAlcoholTobacco	TYPES: Wholesale Lodgings Gas/Motor Fuel Business License	TAX FILIN FREQUENCMonthlyQuarterlyAnnualOther	Y:Rental Retail Profes	Service		