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Customer #	NAICS #	
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CITY OF AUBURN, AL BUSINESS REGISTRATION FORM

Instruction: Complete form and submit to Revenue Office. Fields outlined in **RED** represent required information. To avoid a delay in processing of application; information **must** be provided.

BUSINESS INFORMATIO	N					
Business Legal Name:			DBA Name	:		
Business Category:	□ Agriculture□ Service	□ Contractor□ Wholesale	□ Manufacturing□ Not-for-profit	□ Retail □ Other		
Type of Ownership:				oprietorship □ Limite Limited Liability Compa		
FederalEmployer Identifica	ation #		State of Alabama	Sales/Use Tax #		_
First Day Business Activitie	es Will Begin in Aub	urn:	(Month)	(Day)	(Year)	
Description of Business Ac	ctivity:					
ADDRESS/MAILING INFO	ORMATION					
Physical Location:			,	(City),	(State),	(Zip)
Business Phone #	Fa	ax #	Website:			
Mailing Address: TAX/LICENSING INFORM Tax Types(Check all applie)	IATION	□ Sales □ Con	sumers/Sellers Use	□ Rental/Leasing □ or Fuel □ Occupation	□ Lodging □ Alcoho	
Preferred Filing Frequency(Only applies to sales, use, rental/leasing taxes):						
Will you have any company representatives conducting business in the City of Auburn? Yes No If yes, are they classified as employees (W-2) or independent contractors (1099)? W-2 or 1099 Note: Any person working in the City on your behalf must either be a W-2 employee on your payroll or purchase his/her own business license as a 1099 independent contractor. All W-2 employees are subject to the occupational license fee.						
OWNER/PARTNER/OFFIC	CER INFORMATION	(Person(s) legally	responsible for busin	ess) (Attach additional	sheets if necessary	<i>y</i>)
SECTIO	ON <u>MUST</u> BE COMF	PLETED BY <u>ALL</u> PE	RSONS LEGALLY F	RESPONSIBLE FOR E	BUSINESS	
Name:				Title:		
Home Address:			,	(City), _	(State),	(Zip)
Business Phone #	Alternati	ve Phone #	Fax#	Email		
SSN:	DOB:	DL#/S	ГАТЕ:			

Please provide a legible copy of the driver's license or state-issued identification card for each owner/partner/officer.

CONTACT INFORMATION (F	Person(s) who can answer tax/licensing	g questions about t	the business) (Attach additional sheets if necessa	ary)	
Name:		Title:			
Business Phone #	Alternative Phone #	Fax#	Email		
REGULATORY BOARD LICE	ENSING AND BOND REQUIREMENT	·S		_	
Auburn business licens • General contractors, plus	se can be issued (contact the Revenue	e Office for additiona	by of the current State license before the City of all details). efore the City of Auburn business license can be		
CITY OF AUBURN LICENSIN	IG REQUIREMENTS				
 ALL Auburn-based business <u>must</u> submit a completed Page 3 before a business license will be issued. Page 3 documents the issuance of a Zoning Certificate/Home Occupation Permit by the Planning Department and the completion of Fire/Life/Safety Inspection or issuance of Certificate of Occupancy by the Codes Department. Owner/partner/officer section <u>must</u> be completed before a business license will be issued. Applicants may elect to provide either the social security number or driver's license number. One of the aforementioned <u>must</u> be provided before a business license will be issued. Registration form <u>must</u> be signed by the person(s) legally responsible for the business. A completed registration form and license fee must be remitted prior to applying for a City of Auburn Liquor license through the Auburn City Council. 					
LICENSE FEES	Start Date Jan 1s	t – Jun 30 th	Start Date July 1st or Later		
General Business LicerGeneral Contractors/HoSubcontractorsMoney Lenders		ance fee ance fee	\$50 plus \$5 issuance fee \$75 plus \$5 issuance fee \$50 plus \$5 issuance fee \$250 plus \$5 issuance fee		
contractors/subcontractors lice	ense fee of $\frac{1}{4}$ of 1% (.0025) of contract	ct monies received in	ntractors are required to remit the quarterly in the City of Auburn. different licensing fees (contact Revenue Office f	for	
PAYMENT INFORMATION:	Cash, check, money order, or credit ca	ard (Visa/MasterCa	ird ONLY)		
	ts may be made in person at the Reve the registration form and applicable do		none by calling (334) 501-7239. To process a photaxed to (334) 501-7297.	one	
	eclare that I have examined this form		ny knowledge and belief, it is true, correct, and sume all tax/licensing liabilities of this business th	nat	
Signature of the Person Legal	ly Responsible for Business	Print Na	ame of the Person Legally Responsible for Busin	ess	
Date					

CITY OF AUBURN CODES/PLANNING BUSINESS LICENSE APPROVAL FOR BUSINESS LOCATED WITHIN THE CITY LIMITS OF AUBURN

All new business license applicants locating inside the city limits of Auburn <u>must</u> complete this form and have the physical location approved by the Planning Department and Codes Department before the business license will be issued by the Revenue Office.

APPLICANT INFORMATION					
(To be completed by the applicant)					
Name of Business					
Date business activities will begin in Auburn(Month)	(Day)(Year)				
Describe business activities in Auburn					
Physical Address of Business	emplete Sections 1 and 2.				
Contact Name	Contact Number				
Signature of Applicant	Date				
SECTION 1: PLANNING DEPARTMENT—171 N Ross St • Auburn, AL • (33 (To be completed by the Planning Department) Is this a residence?Yes No If Yes: Home Occupation Permit # Date Issued Is this a commercial property?Yes No Zoning District Signature of Planning Official	Approved:Yes No				
Comments					
SECTION 2: CODES DEPARTMENT—171 N Ross St • Auburn, AL • (334) 5 (To be completed by the Codes Department)	501-3170				
Is a Life/Fire/Safety Inspection required?Yes No If Yes: Date Passed					
Is a Certificate of Occupancy required?Yes No If Yes: Date Issued					
Signature of Building Inspector Date					
Comments					

AUBURN—BASED BUSINESSES MUST RETURN COMPLETED PAGE 3 TO OBTAIN BUSINESS LICENSES