



Shelby County Business Revenue Office TAX APPLICATION

PLEASE SEE INSTRUCTIONS ON BACK BEFORE COMPLETING FORM

TYPE OR PRINT ALL INFORMATION ON THIS APPLICATION

OFFICE USE ONLY: Account Number # _____ Initials _____ Date: _____

SECTION A: Business Information

1. Check the taxes for which you are liable:

Sales Tax Rental Tax Sellers and /or Consumer Use Tax Tobacco Tax Lodging Tax

Reason for application: New Application Re-open Update: Date of change: ____/____/____ Additional Location

2. Business Information:

Legal Name: Employer, Corporation, Partnership, Trust etc.

CPA, Agent and/or Contact's Name:

Doing Business As:

Mailing Address:

Physical Address:

City: _____ State: _____ Zip Code: _____

City: _____

County: _____

CPA, Agent and/or Contact's Phone Number: _____

State: _____

Zip Code: _____

CPA, Agent and/or Email Address _____

Business Phone: _____

2b. Federal Tax Id # or Social Security No.

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Fax: _____

Email Address: _____

3. Persons selling through vending machines and/or flea markets must give EXACT location of EACH machine and /or flea market. Include cities and counties in which salespersons solicit business. List all locations attaching additional sheet if necessary.

Street: _____

City: _____

County: _____

Zip Code: _____

4. Type of Ownership:

Proprietorship Partnership Corporation Professional Association Limited Liability Company Other

4a. Nature of Business:

Manufacturing Wholesale Retail Both Wholesale and Retail Service Contractor Other

5. All applicants must complete and sign this section.

Signed:	Title:	Date:
Signed:	Title:	Date:
Signed:	Title:	Date:

6. Identify current owners, partners, corporate officers, members, employers, or trustees (attach additional sheet if necessary).

Name:	Title:	Social Security #	Home Phone:
Home Address:	City:	State:	Zip Code:
Name:	Title:	Social Security #	Home Phone:
Home Address:	City:	State:	Zip Code:
Name:	Title:	Social Security #	Home Phone:
Home Address:	City:	State:	Zip Code:

7. If business is a subsidiary, give name and Federal Employer I.D. Number (FEIN) of the parent corporation:

8. Has applicant ever been registered for any Shelby County business taxes? Yes No
If yes, list the tax type and provide account numbers:

Tax type	Account Number	Tax type	Account Number
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SECTION B: Sales Tax

9. Describe the specific products sold: _____
10. Date the applicant began or will begin making retail sales in Shelby County (Month/Day/Year): _____
This is not your anticipated date; it's your actual start date.

SECTION C: Sellers Use Tax – Out of County/State sellers only

11. Describe type of product sold: _____
12. Date the applicant began or will begin making retail sales in Shelby County (Month/Day/Year): _____
This is not your anticipated date; it's your actual start date.
13. Name and address of soliciting agents operating in Shelby County: (attach additional sheet if necessary)

Name	Address	City	State	Zip
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SECTION D: Consumer Use Tax – Out of County/State purchases only

14. Date purchases are to begin (Month/Day/Year): _____

SECTION E: Lodging Tax

15. Date began or will begin furnishing lodgings (Month/Day/Year): _____
This is not your anticipated date; it's your actual start date.

16. Type of lodging (hotel, motel, condominium, campground, etc.): _____

SECTION F: Rental Tax

17. Please describe type of product leased: _____

18. Date began or will begin leasing tangible personal property in Shelby County (Month/Day/Year): _____
This is not your anticipated date; it's your actual start date.

SECTION G: Miscellaneous Information

19. Name and Address of Former Owner:

Name:

Business Name:

Phone:

Mailing Address:

City:

State:

Zip Code:

NOTE: If tax should be remitted to the county: ATTACH CHECK TO THIS APPLICATION and indicate on the check which tax you are paying. Make check payable to: SHELBY COUNTY BUSINESS REVENUE.

Tax Type:

Taxable Sales/Receipts:

Tax Due:

Please note our new mailing address

Complete and Return this Form to:

Shelby County Business Revenue

200 West College St. – Rm 115

Columbiana, AL 35051

Phone: (205) 670-6520 Fax: (205) 669-8781

Returns may be filed two ways after submitting this application:

Online using the MAT system: <https://myalabamataxes.alabama.gov>;

Or by remitting a paper return and check

For Business License information contact or visit one of our locations:

**Columbiana:
104 Depot Street
(205) 670-6836**

**Pelham:
1018 County Services Drive
(205) 620-6600**

**Inverness:
19220 Highway 280 East, Suite 100
(205) 670-6826**

TAX APPLICATION

Instructions - General Information

The following information will enable you to fill out the application more accurately. All questions must be answered. If the question does not apply, write N/A in the space provided for the answer. The instruction numbers correspond with the numbered items on the form.

SECTION A: Business Information

1. Check the appropriate box(es) that describe the tax(es) for which you are applying.
2. State legal name of applicant. Complete mailing address for your business and a business telephone number, including area code. If your location is a rural route number, also enter highway number or the road name.
 - 2a. Complete this section only if mailing address differs from business address in item 2.
 - 2b. Provide your 9-digit Federal Employer's Identification Number (FEIN) if you pay wages to anyone other than yourself. Further information can be obtained from the Internal Revenue Service Office.
3. List the number of different locations from which you will operate and their addresses. Attach an additional sheet if necessary.
4. Indicate form of ownership.
 - 4a. Indicate nature of business.
5. Signature of each owner, partner or elected corporate officer of the corporation is required to validate application. If a Limited Liability Company, a member must sign. Signature stamps, copies, or unsigned applications are not acceptable.
6. Provide names, addresses, and social security numbers of each owner or corporate officer or member. Corporations must also provide titles of each corporate officer. Under authority of Sections 40-29-73, **Code of Alabama 1975**, corporate officials are responsible for collecting, accounting for, and/or payment of trust fund taxes and may be held personally liable for their payment.
7. Indicate name and FEIN number of parent company if applicable.
8. List all previously held tax accounts and their account numbers.

SECTION B: Sales Tax

Automotive, Agri./Heavy Eqpt. 0.375%, All other 1%

A retail Sales Tax License is required if you are making retail sales of tangible personal property from an inventory located within Shelby County, or operating a place of amusement. If your business is a rental business, see Section F. Provide the date you will begin or have begun making retail sales of tangible personal property within Shelby County. If your business is located outside of Shelby County you will be subject to Sellers Use Tax instead of Sales Tax. (See Section C) Provide type of product sold.

SECTION C: Sellers Use Tax

Automotive 0.375%, All Other 1%

Provide the date you began or will begin making retail sales of tangible personal property in Shelby County, and provide the names and addresses of all agents who are soliciting sales in Shelby County. Provide the type of product sold.

SECTION D: Consumers Use Tax

Automotive 0.375%, All Other 1%

Provide the date you began or will begin making purchases of tangible personal property from outside the county for use, storage, or consumption within the county.

SECTION E: Lodgings Tax 7%

Provide the date you began or will begin furnishing lodgings in Shelby County.

SECTION F: Rental Tax

Automotive 1.125%, All Other 3%

Provide the date you began or will begin leasing tangible personal property in Shelby County and provide type of product leased.

SECTION G: Miscellaneous

Indicate name and address of former owner. The former owner is required to separately notify the Shelby County Business Revenue of his/her business closing.