



Shelby County Business Revenue Office Combined Registration/Application/Change Form

PLEASE SEE INSTRUCTIONS ON BACK BEFORE COMPLETING FORM

***** PLEASE FILL OUT COMPLETELY BEFORE RETURNING ***** Rev: 4-2-2010 (dr)

(Incomplete applications will be returned) Date Mailed:

TYPE OR PRINT ALL INFORMATION ON THIS APPLICATION - ITEM 5 MUST CONTAIN ORIGINAL SIGNATURE (S)

FOR OFFICE USE ONLY Account Number # _____ Initials _____

SECTION A: Business Information (all applicants must complete this section)

1. Taxes to register for on this application: CHECK APPROPRIATE BOX (ES) 4

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

Reason for application: New Application Re-open Name Change Update Address change – Date of change: ____/____/____

2. Name, business address:

Legal name of applicant, employer, corporation, partnership, trust , etc

Doing Business As (dba: if different from above)

Mailing Address

Physical Address

City County State Zip

Phone (include area code) Person to Contact:

Fax # _____

2a Mailing Address:

if different from item 2 (this can be your CPA, agent, etc.)
This is only if you want your forms/inquiries to go to this address.

CPA or Agent's name

City State Zip

E-Mail Address

2b Federal Tax Id Number / Social Security No.

**** This is required ****

--	--	--	--	--	--	--	--	--	--

3. Location of business:

- Corporate City Limits Police Jurisdiction Outside of corporate limits and police jurisdiction

3a Please complete Business Address Section if different from that in block 2 **Persons selling through vending machines and/or flea markets must give EXACT location of EACH machine and /or flea market. The location where sales will take place must be the exact street number or if a highway or rural route, give details as to location (a P.O. Box will not suffice).** Also include cities and counties in which salespersons solicit business. List all locations (attach additional sheet if necessary).

Street City County Zip

Street City County Zip

4.Type of Ownership:

- Proprietorship Partnership **Corporation ** Professional Association ** Limited Liability Company Other

4a. Nature of business (sales Tax applicants please see Section B of instructions before completing this section)

- Manufacturing Wholesale Retail Both Wholesale and Retail Service Contractor Other

5. **ALL applicants must COMPLETE and SIGN this section.**

The statements contained in this application and any accompanying schedules are correct to the best knowledge and belief of the undersigned who is duly authorized to sign this application.

If a corporate application, an officer must sign. If a partnership application, all partners must sign. If a limit liability company application, a member must sign. **Signatures of accountants, certified public accountants or other agents will not be accepted (attach additional sheet if necessary).**

Signed Title Date (Month/Day/Year)

Signed Title Date (Month/Day/Year)

Signed Title Date (Month/Day/Year)

6. **Identify current owners, partners, corporate officers, members, employers, or trustees: (If a social security number is provided for each person listed below, a license or number may be issued more promptly.) Attach additional page if necessary.**

Name Title Social Security No. Home Phone

Home Address City State Zip

Name Title Social Security No. Home Phone

Address City State Zip

Name Title Social Security No. Home Phone

Address City State Zip

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

8. **Is applicant now or has applicant ever been registered for any Shelby County business taxes? Yes No**
If yes, list the tax type and account numbers (attach additional sheet if necessary).

Tax type Account Number Tax type Account Number

SECTION B: Sales Tax (see instructions, page 4)

9. Please 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 – For out of County/ State sellers only (see instructions, page 4)

11. Please describe type 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 page if necessary

Name Address City State Zip

Name Address City State Zip

SECTION D: Consumer Use Tax – For out of County/State Purchases only (see instructions, page 4)

14. Date purchases are to begin (month/day/year): _____

SECTION E: Lodging Tax (see instructions, page 4)

15. Date began or will begin furnishing lodging (month/day/year): _____

*** This is not your anticipated date, its your actual start date.

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

SECTION F: Rental Tax (see instructions, page 4)

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, its your actual start date.

SECTION G: Miscellaneous Information (see instructions, page 4)

19. Name and address of former owner:

Name

Name of business or corporation

Mailing address City State Zip

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

Type of Tax	Taxable Sales/Receipts	Tax Due
_____	_____	_____
_____	_____	_____

For Additional Forms: www.shelbyal.com
Click Business Revenue, download a form or an application

The Combined Registration/Application/Change Form was designed to allow business the opportunity to complete one all-inclusive form that will satisfy many needs and eliminate multiple forms. This is the Business Revenue’s initial step in simplifying registration procedures. If you need assistance, please call (205) 670-6520. If no tax is due, you may fax this application to (205) 669-8781.

Mail or fax completed application and initial tax returns to:

Shelby County Business Revenue
P.O. Box 800
Columbiana, Al 35051-0800

On-Line Filing - address
www.Click2file.com

Combined Registration / Application / Change Form

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) you are applying for.
2. State legal name of applicant; trade name; 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. Check the appropriate jurisdiction that your business will fall under.
 - 3a. List the number of different locations from which you will operate and their addresses. Attach an additional sheet if necessary. (This includes Rental Business also.)
4. Indicate form of ownership.
 - 4a. Indicate nature of business.
5. Signature(s) if each owner, partner or elected corporate officer of the corporation is required to validate application. If a Limited Liability Company application, a member must sign. Signature stamps, copies, or unsigned applications are not acceptable.
6. Provide name(s), 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 Federal Employer Identification Number of parent company if applicable.
8. List all previously held tax accounts and their account numbers

SECTION B: Sales Tax

Automotive .375%, Agri. / Heavy Eqpt. .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 could be subject to Sellers Use Tax instead of Sales Tax. (See Section C) Also, please provide type of product sold.

SECTION C: Sellers Use Tax

Automotive .375% , All Other 1%

You will need to 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 (if any). Also, provide the type of product sold.

SECTION D: Consumers Use Tax

Automotive .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 (i.e. Motel, Hotel, Condominium, etc.) in Shelby County. License are not issued more than 90 days before this beginning date.

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. Completion of this portion is necessary when you are leasing tangible personal property (i.e. video tapes, auto, etc.) to others. Also, please provide type of product leased.

SECTION G: Miscellaneous

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