CITY OF HARTFORD, ALABAMA BUSINESS APPLICATION

(CONFIDENTIAL)

Complete and Mail or Fax to: **Applicant Complete This Box** FEIN ST of Ala Tax# **CITY OF HARTFORD** 203 W. MAIN STREET Form of Ownership (Check One) HARTFORD, AL 36344 FAX: 334-588-3826 ☐ Partnership ☐ Sole Prop PHONE: 334-588-2245 ☐ Professional Assoc. Corporation Other Please Print or Type APPLICATION TYPE: \square NEW \square OWNER CHANGE \square NAME CHANGE \square LOCATION CHANGE \square UPDATE **Date Business Opened: Legal Business Name:** Trade Name (If different from above): Business Activities: (Brief description - example, retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc.) Physical Address: ____ (Street) (City) (State) (Zip) Mailing Address: ____ (Street) (City) (State) (Zip) Telephone: (Business) (Fax) (email address) Name / Phone # for Contact Person: ___ List Names of Owner(s), Partners, or Officers (Attach separate sheet if Necessary) <u>Name</u> Residence Address SSN Please select the type of business: _____Retail _____Wholesale _____Building Contractor _____ Service Professional Manufacturing Rental Other Select all that apply Tax Type: ___Sales Tax ___Sellers Use ___Consumers Use ___Rental Tax ___Lodgings Tax ___Alcohol ____Occupational ____Tobacco ____Gas/Motor Fuel Filing Frequency: ____Monthly ____Quarterly ____Biannually ____Annually ____Other ____No Account **Date Business Activity Initiated or Proposed** # of Employees This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above-named entity, and person(s) listed. Date ______ Title _____