



[CLICK HERE TO APPLY ONLINE](#)

CITY OF ALABASTER

Dept. CS #1

PO Box 830525

Birmingham, AL 35283

Phone (205) 664-6844

revenue@cityofalabaster.com

**APPLICATION FOR CITY TAXES ONLY-DO NOT USE FOR LICENSE**

We only set up a taxpayer if they have funds to remit.

Please apply online or email application to [revenue@cityofalabaster.com](mailto:revenue@cityofalabaster.com).

**SELECT THE TYPE OF BUSINESS:**  MANUFACTURER  WHOLESALER  RETAILER  DELIVERY ONLY  OTHER

**DESCRIBE BUSINESS:** \_\_\_\_\_

Sales and/or Service Representative: Yes  No  Delivery of goods is by: Common Carrier  Own Vehicle

Date Business began in City of Alabaster: \_\_\_\_\_ Estimated Annual Gross Receipts: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

MAILING ADDRESS: Contact: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PHYSICAL ADDRESS (IF DIFFERENT):**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alabama Sales and Use Tax#: \_\_\_\_\_ FEIN/ OR SS#: \_\_\_\_\_

Circle One: Corporation  LLC  Partnership  Sole Proprietorship  Other(Specify) \_\_\_\_\_

Name-Officers of Entity: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_