



[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.**

**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 \_\_\_\_\_