
CITY OF PRATTVILLE TAX APPLICATION FORM

RESERVED FOR REVENUE OFFICE ONLY

TAXPAYER ID # _____ DATE ____ / ____ / ____

BUSINESS NAME: _____

DBA (IF APPLICABLE): _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____

FEDERAL ID (FEIN) OR SOCIAL SECURITY #: _____

DESCRIBE TYPE OF BUSINESS ACTIVITIES ENGAGED IN:

HOW DO YOU DELIVER YOUR PRODUCTS (SELF OR COMMON CARRIER): _____

DO YOU HAVE A SALESMAN CALLING ON CUSTOMERS IN PRATTVILLE?: _____

SALES TAX TYPE: ___ SALES ___ USE ___ RENTAL

YOU WILL REPORT: ___ MONTHLY ___ QUARTERLY ___ ANNUALLY

 ___ SEMI-ANNUALLY ___ OCCASIONALLY

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: ____ / ____ / ____

RETURN TO:

THE CITY OF PRATTVILLE
REVENUE DEPARTMENT
PO BOX 680190
PRATTVILLE, AL 36068-0190