
CITY OF PRATTVILLE TAX APPLICATION FORM

RESERVED FOR REVENUE OFFICE ONLY

TAXPAYER ID# _____ DATE ____/____/____

BUSINESS NAME: _____

D/B/A NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE# (____) _____ FAX# (____) _____

SOCIAL SECURITY OR FEDERAL ID# _____

DESCRIPTION OF TYPE OF BUSINESS ACTIVITY ENGAGED IN:

HOW DO YOU DELIVER YOUR PRODUCTS? _____

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

TAXES REMITTED WILL BE: _____ SALES _____ USE _____ RENTAL
YOU WILL REPORT: _____ MONTHLY _____ QUARTERLY _____ ANNUAL
_____ SEMI-ANNUALLY _____ OCCASIONALLY

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

NAME: _____ TITLE: _____

MAKE CHECKS PAYABLE TO: CITY OF PRATTVILLE

**RETURN TO: THE CITY OF PRATTVILLE
REVENUE DEPARTMENT
POST OFFICE BOX 680190
PRATTVILLE, AL 36068-0190**