CITY OF ROANOKE, ALABAMA BUSINESS APPLICATION

Complete and Mail or Fax To:

CITY OF ROANOKE
REVENUE DEPARTMENT
P.O. BOX 1270
ROANOKE, ALABAMA 3627

(CONFIDENTIAL)

ROANOKE, A (334) 863-4129	FAX (334) 863-2	Please Print or Type SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION	Sole Prop Corporation LLC	☐ Partnership ☐ Professional Assoc. ☐ Other	
APPLICATION TYPE	: NEW [OWNER CHANGE NA	ME CHANGE	GE LOCATION CHANGE	
Legal Business Na	me:	,			
Trade Name (If diffe	rent from above): _				
Business Activities: (Brief description - examp	le retail clothing sales, wholesale food sal	les, rental of industria	al equipment, co	mputer consulting, etc
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Physical Address:	(Street)	(City)	*	(State)	(Zip)
Mailing Address:	(Street)	(City)		(State)	(Zip)
Telephone:	(Business)	(Fax)		(Home Phone)	
<u>Name</u>	<u>R</u>	esidence Address	SSN		<u>Title</u>
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	*				
		osed in Roanokebest of my knowledge, a true and complete			Roanokety, and person(s) listed
Date	Signature			Title	
		THIS AREA FOR MUNICIPAL USE	ONLY		
ACCOUNT ID #:		NAICS			
PHYSICAL LOCATION:				DE CORP LIMIT	
ZONING CLASSIFICAT				NO N/A	FIRE CODE
TAX TYPES:		CONSUMER USE REN	TAL LODGI	NGS AL	соноц
* * * * * * * * * * * * * * * * * * *	OCCUPATIONAL	TOBACCO GAS/MOTOR FUE	L BUSINES	S LICENSE	
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TAX FILING FREQUEN BUSINESS TYPE:	CY: MONTHLY	T	OTHER		