CITY OF WETUMPKA, ALABAMA BUSINESS APPLICATION

(CONFIDENTIAL)

Complete and Mail

CITY OF WETUMPKA
P.O. Box 1180
WETUMPKA, AL 36092
(334) 567-1301
334-567-1307 (FAX)

Please Print or Type
SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION

Applicant Complete This Box

FED ID# _____

Form of Ownership (Check One)

- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Corporation
- ☐ Professional Assoc.
- ☐ LLC
- ☐ Other _____

APPLICATION TYPE: ☐ NEW ☐ RENEWAL ☐ OWNER CHANGE ☐ NAME CHANGE ☐ LOCATION CHANGE

Legal Business Name: _____

Trade Name: (If different from above): _____

Business Activity Description: _____

Physical Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Business) (Cell) (Home Phone – In Case Of Emergency)

ALATAX (Sales Tax) # **AlaTax Taxpayer Name:** **Email:**

Name/Phone # for Contact Person: _____

List Names of Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Name	Residence Address	SSN	Title

Date Business Activity Initiated or Proposed in WETUMPKA: _____

If business was acquired from a previous owner, or a change in the organization has occurred, provide the following information:

GIVE DATE OF ACQUISITION OF CHANGE _____

NAME OF PREVIOUS OWNER OR ORGANIZATION _____

FORMER TRADE NAME _____

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above named entity, and person(s) listed.

Date _____ **Signature** _____ **Title** _____