

**CITY OF DAPHNE BUSINESS TAX IDENTIFICATION APPLICATION**

PO Drawer 1047  
 Daphne, AL 36526  
 251-620-1250  
 revenuedept@daphneal.com



Please print or type. See reverse side for instructions & further information.

FORM OF OWNERSHIP:  SOLE PROPRIETOR  PARTNERSHIP  CORPORATION  LLC

FEDERAL ID#: \_\_\_\_\_ STATE OF ALABAMA TAX #: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_ DATE BUSINESS ACTIVITY INITIATED/PROPOSED IN DAPHNE: \_\_\_\_\_

APPLICATION TYPE:  NEW  RENEWAL  OWNER CHANGE  NAME CHANGE  LOCATION CHANGE  TAX ACCOUNT ONLY

HOME BASED BUSINESS:  YES  NO *If yes, please complete Home Based Supplement Form provided by Revenue Dept.*

LEGAL BUSINESS NAME: \_\_\_\_\_

TRADE NAME/DBA (If different from above): \_\_\_\_\_

ANTICIPATED GROSS REVENUE FROM START DATE THROUGH DECEMBER 31 (current year): \_\_\_\_\_

PHYSICAL PRESENCE IN CITY LIMITS (i.e. sales/service/deliveries inside Daphne jurisdiction):  Yes  No

BRIEF DESCRIPTION OF BUSINESS ACTIVITIES (i.e retail clothing sales, wholesale food sales, rental of industrial equipment, carpentry contractor, etc):

\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS(ES): \_\_\_\_\_

LIST NAMES OF OWNER(S), PARTNER(S) OR OFFICER(S) (attach separate sheet if necessary):

NAME	RESIDENCE ADDRESS	SSN	TITLE

\_\_\_\_\_

\_\_\_\_\_

CONTRACTOR INFO:	CONTRACT AMOUNT\$: _____
Job Location: _____	
If Sub, Name of General Contractor: _____	
Home Builder License #: _____	General Contractor Board #: _____ HVAC #: _____
Electrical Contractor #: _____	Master Plumber #: _____ Other: _____

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.

\_\_\_\_\_  
 Name Title Date

THIS AREA FOR MUNICIPAL USE ONLY					
DATE:	AMT PAID:	CHK / CASH / CC	BY:	NAICS CODE:	TAXPAYER ID:

**Please read the following information concerning the completion of this form:**

*Please complete all areas of the form except for the shaded area at the bottom.*

*Form should be typed or printed legibly.*

*Form should be dated and signed by owner(s), partner(s), or officer of the business.*

*Form will initiate the process for registering your business with the City of Daphne.*

*If your business will have a physical location within the City of Daphne, please use that address on the front of this form. (Please complete separate forms for each physical location in the City.)*

*Upon receipt of the completed form, the City of Daphne will provide any additional forms and information regarding other specific requirements to you in order to complete the licensing process.*

*All license renewals are due January 1 and delinquent after January 31, with the following exception: INSURANCE COMPANY LICENSE: due January 1, delinquent after March 1.*

*This form is intended as a simplified, standard mechanism for businesses to initiate contact with the City of Daphne concerning their activities within the City. A business license will be required prior to engaging business. If a business intends to maintain a physical location within the City, there are normally zoning and building code approvals required prior to the issuance of a license.*

*In certain instances, a business may simply be required to register with the City to create a mechanism for the reporting and payment of any tax liabilities. If that is the case, you will be provided the materials for that registration process.*

*The completion and submission of this form does not guarantee the approval of subsequent issuance of a license to do business. Any prerequisites for a particular type and location of the business must be satisfied prior to licensing.*

*Should there be any questions concerning the completion of this form or the licensing and/or registration process, please call the City of Daphne Revenue Department at 251-620-1250 to obtain more detailed information.*