

**CULLMAN COUNTY SALES TAX / REVENUE ENFORCEMENT OFFICE**

**MAILING ADDRESS: PO BOX 1206 CULLMAN, AL 35056-1206**

**PHYSICAL ADDRESS: 325 2<sup>ND</sup> STREET SE CULLMAN ALABAMA 35055**

**PHONE (256)775-1398 FAX (256)737-0670**

**REGISTRATION FORM FOR:**

**CULLMAN COUNTY AND CULLMAN CITY**

**SALES TAX/ SELLER'S USE TAX/ CONSUMER'S USE TAX**

**ABATEMENT / LODGING / CITY RENTAL / HARD LIQUOR TAX**

**This account number will also be for City of Good Hope and  
Towns of Dodge City, Fairview, Garden City and South Vinemont**

**Assigned Account #**

**For office use only**

**FILL IN EACH BLANK. PRINT LEGIBLY. IF A QUESTION DOES NOT APPLY TO YOU PUT 'NA' IN THE BLANK.**

**PLEASE CHECK ALL THAT APPLY:** ( ) Sales Tax ( ) Seller's Use Tax ( ) Consumer's Use Tax ( ) Lodging Tax  
**Liquor accounts must provide ABC Liquor license and Locality Liquor license** ( ) Abatement Tax ( ) City of Cullman Rental Tax ( ) City of Cullman Hard Liquor Tax  
( ) City of Hanceville Hard Liquor Tax ( ) Good Hope Hard Liquor Tax

1) Date business started in Cullman \_\_\_\_\_  
**(A start date must be provided to receive an account number. Tax filings will begin with this date)**

2) Name of Corporation/LLC/etc. or Owner's Name if Sole Proprietor \_\_\_\_\_

**Attach paperwork if business is a corporation or LLC (a copy of state business license is required)**

3) DBA(if applicable) \_\_\_\_\_

4) FEIN #: \_\_\_\_\_ or SS# \_\_\_\_\_ State of Alabama Tax #: \_\_\_\_\_

5) Number of business locations in Cullman \_\_\_\_\_

6) Physical address of business **(no PO Box)** \_\_\_\_\_

7) Mailing address of business (if different than physical address) \_\_\_\_\_

8) Business Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

9) Filing status: ( ) Monthly ( ) Quarterly **(tax liability of less than \$2400 yearly)** ( ) Occasional **(must have prior approval)**

10) Type of business (grocery, hardware, clothing sales, etc.) \_\_\_\_\_  
**\*\*\* Type of business is required \*\*\***

11) Former business name and owner if not a new business \_\_\_\_\_

12) Name and title of person to contact for questions \_\_\_\_\_  
**\*\*\* Please Print \*\*\***

Contact Phone # \_\_\_\_\_ Extension \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail address \_\_\_\_\_

**COMPLETE EACH LINE.**

**DO NOT LIST A PO BOX FOR THE ADDRESS; YOU MUST LIST A PHYSICAL ADDRESS.**  
**AN ACCOUNT NUMBER WILL NOT BE ISSUED UNTIL THIS FORM IS COMPLETED.**

13) Information regarding each owner(s) or corporate officer(s). Attach additional pages if needed.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Driver's License # \_\_\_\_\_  
(copy of DL required)  
Date of Birth \_\_\_\_\_  
Home Address (NO PO BOX) \_\_\_\_\_  
Contact Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
(copy of DL required)  
Date of Birth \_\_\_\_\_  
Home Address (NO PO BOX) \_\_\_\_\_  
Contact Telephone Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

14) Signature of Owner(s), all partners or elected officers is required before an account number can be issued.

\_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

**Send completed application to:**  
**Mailing: PO Box 1206 Cullman, AL 35056**  
**Fax: to: 256-737-0670.**  
**Email: [dskinner@co.cullman.al.us](mailto:dskinner@co.cullman.al.us)**

**Make sure to included all additional paperwork that has been requested.**