

CULLMAN COUNTY SALES TAX / REVENUE ENFORCEMENT OFFICE

PO BOX 1206 CULLMAN, AL 35056-1206

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

To file online: www.revenue.alabama.gov

For questions regarding tax numbers: dskinner@co.cullman.al.us

REGISTRATION FORM FOR:

Assigned Account #

CULLMAN COUNTY AND CULLMAN CITY

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

ABATEMENT / LODGING / CITY RENTAL / HARD LIQUOR TAX

For office use only

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

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
() 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) Name of Corporation or Owner _____

2) Name of business or DBA _____

3) Number of business locations in Cullman (a copy of state business license is required) _____

4) Mailing address of business _____

5) Physical address of business (no PO Box) _____

6) Type of business (grocery, hardware, clothing sales, etc.) _____

*** Type of business is required ***

Please check one:

- () Partnership () LLC (attach a copy of Articles of Organization) **required before number is issued**
- () Sole ownership () Corporation (attach a copy of Certificate of Incorporation) **required before number is issued**

FEIN #: _____ State of Alabama Tax #: _____

7) Former business name and owner _____

8) Starting date of business in Cullman _____

(A start date must be provided in order to receive an account number. Tax filings will begin with this date)

9) Person to contact for questions _____

*** Please Print ***

Business # _____ Extension _____ Fax # _____

E-mail address _____

10) Filing status: () Monthly () Occasional (must have prior approval)

INSTRUCTIONS:

COMPLETE EACH LINE.

**PLEASE 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.**

TYPE OR PRINT LEGIBLY.

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

Name _____

Title _____

Social Security Number _____

Date of Birth _____

Home Address (NO PO BOX) _____

Contact Telephone Number _____

E-mail Address _____

Name _____

Title _____

Social Security Number _____

Date of Birth _____

Home Address (NO PO BOX) _____

Contact Telephone Number _____

E-Mail Address _____

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

_____ Date _____

_____ Date _____

_____ Date _____

13) **Mail completed form to: PO Box 1206 Cullman, AL 35056 or fax to: 256-737-0670.**

14) **Please make sure you have included all additional paperwork that has been requested.**