

FOR OFFICIAL USE ONLY

Customer # _____ NAICS # _____

**CITY OF AUBURN, AL
BUSINESS REGISTRATION FORM****Instruction:** Complete form and submit to Revenue Office. Fields outlined in **RED** represent required information. To avoid a delay in processing of application; information **must** be provided.**BUSINESS INFORMATION**

Business Legal Name: _____ DBA Name: _____

Business Category: ☐ Agriculture ☐ Contractor ☐ Manufacturing ☐ Retail
☐ Service ☐ Wholesale ☐ Not-for-profit ☐ Other _____**Contractors:** Please provide project location and General Contractor name. _____Type of Ownership: ☐ Corporation ☐ Partnership ☐ Individual or Sole Proprietorship ☐ Limited Liability Partnership (LLP)
☐ Limited Liability Company (LLC) (Single Member) ☐ Limited Liability Company (LLC) (Multi-Member)

Federal Employer Identification # _____ State of Alabama Sales/Use Tax # _____

First Day Business Activities Will Begin in Auburn: _____ (Month) _____ (Day) _____ (Year)

Description of Business Activity: _____

ADDRESS/MAILING INFORMATION

Business Location: _____, _____, (City), _____ (State) _____ (Zip)

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

Business Phone: _____ Fax #: _____ Website: _____

If the physical location is within the city limits of Auburn, do you own the property? ____ Yes ____ No**If no, please provide the name and address of the property owner.** _____**TAX/LICENSING INFORMATION**Tax Types (Check all applicable tax types): ☐ Sales ☐ Consumers/Sellers Use ☐ Rental/Leasing ☐ Lodging ☐ Alcohol/Liquor
☐ Wholesale Wine ☐ Wholesale Motor Fuel ☐ OccupationalPreferred Filing Frequency (Only applies to sales, use, rental/leasing taxes): ☐ Monthly ☐ Quarterly ☐ Annually
☐ Occasional ☐ 13 Period

Will you have any employees working in the City of Auburn? ____ Yes ____ No

Will you have any independent contractors (1099) working in the City of Auburn? ____ Yes ____ No

Note: Any 1099 independent contractor working in the City of Auburn must purchase his/her own business license.

All W-2 employees are subject to the occupational license fee.

OWNER/PARTNER/OFFICER INFORMATION (Person(s) legally responsible for business) (Attach additional sheets if necessary)**SECTION MUST BE COMPLETED BY ALL PERSONS LEGALLY RESPONSIBLE FOR BUSINESS**

Name: _____ Title: _____

Home Address: _____, _____ (City), _____ (State), _____ (Zip)

Business Phone # _____ Alternative Phone # _____ Fax # _____ Email _____

SSN: (required if not publicly-traded) _____ DOB: _____ DL#/STATE: _____

If unsure, SSN must be provided)**Please provide a legible copy of the driver's license or state-issued identification card for each owner/partner/officer.****Mail Completed Form To:** City of Auburn-Revenue Office at 144 Tichenor Avenue · Suite 6 · Auburn, AL 36830
Office: (334) 501-7239 · Email: revenue@auburnal.gov · Website: www.auburnal.gov

CONTACT INFORMATION (Person(s) who can answer tax/licensing questions about the business) *(Attach additional sheets if necessary)*

Name: _____ Title: _____

Business Phone # _____ Alternative Phone # _____ Fax # _____ Email _____

REGULATORY BOARD LICENSING AND BOND REQUIREMENTS

- Applicants licensed by a State of Alabama regulatory board, **must** present a copy of the current State license before the City of Auburn business license can be issued (contact the Revenue Office for additional details).
- General contractors, plumbers, and electricians **must** post an indemnity bond before the City of Auburn business license can be issued (contact the Revenue Office for additional details).

CITY OF AUBURN LICENSING REQUIREMENTS

- **ALL** Auburn-based business **must** submit a completed Page 3 before a business license will be issued. Page 3 documents the issuance of a Zoning Certificate/Home Occupation Permit by the Planning Department and the completion of Fire/Life/Safety Inspection or issuance of Certificate of Occupancy by the Codes Department.
- Owner/partner/officer section **must** be completed before a business license will be issued. Applicants may elect to provide either the social security number or driver's license number. One of the aforementioned **must** be provided before a business license will be issued.
- Registration form **must** be signed by the person(s) legally responsible for the business.
- A completed registration form and license fee must be remitted prior to applying for a City of Auburn Liquor license through the Auburn City Council.

LICENSE FEES**Start Date Jan 1st – Jun 30th****Start Date July 1st or Later**

- | | | |
|------------------------------------|-----------------------------|-----------------------------|
| • General Business License | \$100 plus \$5 issuance fee | \$50 plus \$5 issuance fee |
| • General Contractors/HomeBuilders | \$150 plus \$5 issuance fee | \$75 plus \$5 issuance fee |
| • Subcontractors | \$100 plus \$5 issuance fee | \$50 plus \$5 issuance fee |
| • Money Lenders | \$500 plus \$5 issuance fee | \$250 plus \$5 issuance fee |

Note1: In addition to base license fee, general contractors, home builders, and subcontractors are required to remit the quarterly contractors/subcontractors license fee of ¼ of 1% (.0025) of contract monies received in the City of Auburn.

Note2: State regulated agencies (i.e. banks, insurance companies, etc) are subject to different licensing fees (contact Revenue Office for details).

PAYMENT INFORMATION: Cash, check, money order, or credit card (Visa/MasterCard ONLY)

- Credit card payments may be made in person at the Revenue Office or via www.auburnalabama.org.

STATEMENT OF DECLARATION

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief, it is true, correct, and complete. My signature indicates that I am legally responsible for the business and assume all tax/licensing liabilities of this business that might occur.

Signature of the Person Legally Responsible for Business

Print Name of the Person Legally Responsible for Business

Date _____

**ANY BUSINESS LOCATED WITHIN THE CITY LIMITS OF AUBURN:
YOU MUST CONTACT THE PLANNING AND CODES DEPARTMENTS AND HAVE
THIS PAGE COMPLETED BEFORE A BUSINESS LICENSE WILL BE ISSUED.**

APPLICANT INFORMATION

(To be completed by the applicant)

Name of Business _____

Date business activities will begin in Auburn _____ (Month) _____ (Day) _____ (Year)

Describe business activities in Auburn _____

Physical Address of Business _____

Note: If address is a residence, **ONLY** complete **Section 1**. If not, **MUST** complete **Sections 1 and 2**.

Contact Name _____

Contact Number _____

Signature of Applicant _____

Date _____

SECTION 1: PLANNING DEPARTMENT—171 N Ross St • Auburn, AL • (334) 501-3040 • webplanning@auburnal.gov •

(To be completed by the Planning Department)

Is this a residence? ☐ Yes ☐ No

If Yes: Home Occupation Permit # _____ Date Issued _____

Is this a commercial property? ☐ Yes ☐ No Zoning District _____ Approved: ☐ Yes ☐ No

Signature of Planning Official _____ Date _____

Comments _____

SECTION 2: CODES DEPARTMENT—171 N Ross St • Auburn, AL • (334) 501-3170 • fireinspections@auburnal.gov •

(To be completed by the Codes Department)

Is a Life/Fire/Safety Inspection required? ☐ Yes ☐ No If Yes: Date Passed _____Is a Certificate of Occupancy required? ☐ Yes ☐ No If Yes: Date Issued _____

Signature of Building Inspector _____ Date _____

Comments _____

**AUBURN—BASED BUSINESSES MUST RETURN COMPLETED PAGE 3
TO OBTAIN BUSINESS LICENSES**