

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 Occupational

Preferred 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 · Fax: (334) 501-7297 · Website: www.auburnalabama.org

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 by phone by calling (334) 501-7239. To process a phone payment, a copy of the registration form and applicable documents **must** be faxed to (334) 501-7297.

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

(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

(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**