

TOWN OF ECLECTIC, ALABAMA - NEW BUSINESS APPLICATION

Complete & Mail or Fax

TOWN OF ECLECTIC
PO BOX 240430
Eclectic, AL 36024
PH: (334) 541-4429
FAX: (334) 541-2854

(CONFIDENTIAL)

Please Print or Type
See reverse side for
instructions & further
information

Applicant Complete This Box

FED ID# _____

Form of Business (check one)

Sole Proprietor Partnership
 Corp. or LLC Other.

Application Type: New Name Change Owner Change Location Change

Legal Business Name: _____

DBA or Trade Name (If different from above): _____

Business Activity or Description: _____

Mailing Address: _____
(Street / PO Box) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Business #) (Cell #) (Home #)

Email: _____ ALATAX (Sales Tax #) _____

Name / Phone # for Contact Person: _____

List Names of Owner(s), Partners or Officers (Attach separate sheet if needed)

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>SSN/Tax ID</u>

Date Business Activity Started or Proposed Start Date in Eclectic area: _____

If business was acquired from a previous owner, or a change in the organization has occurred, provide the following information:

Give date of acquisition or change: _____

Name of previous owner or organization: _____

Former Trade or Business Name: _____

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.

Date: _____ Signature _____ Title: _____