

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.myalabamataxes.alabama.gov

For questions regarding tax numbers – sdavenport@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

FILL IN EACH BLANK. TYPE OR PRINT LEGIBLY.

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

7) Former business name and owner _____

8) Date Sales, Rental and/or Use Tax began (begins) 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 HAVE A PHYSICAL ADDRESS.
AN ACCOUNT NUMBER WILL NOT BE ISSUED UNTIL THIS FORM IS COMPLETED.**

TYPE OR PRINT LEGIBLY.

11) Information regarding each owner or corporate officer:

Name _____

Title _____

Social Security Number _____

Date of Birth _____

Home Address (NO PO BOX) _____

Home Telephone Number _____

Name _____

Title _____

Social Security Number _____

Date of Birth _____

Home Address (NO PO BOX) _____

Home Telephone Number _____

12) Signature of Owner(s), all partners or elected officers. **(Signature required)**

_____ 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.