

**TOWN OF RANBURNE, ALABAMA BUSINESS APPLICATION**  
**The Town Does Impose the Business License Tax in its Police Jurisdiction**

(CONFIDENTIAL)

Complete and Mail/Fax/Email To:

TOWN OF RANBURNE  
P O BOX 209  
RANBURNE, AL 36273  
[townofranburne@yahoo.com](mailto:townofranburne@yahoo.com)  
256-568-3483

Applicant Complete This Box

FEIN \_\_\_\_\_

ST of ALA TAX # \_\_\_\_\_

FORM OF OWNERSHIP (Check One)

Sole Prop. \_\_\_\_\_ Partnership \_\_\_\_\_

Corp. \_\_\_\_\_ Prof Assoc \_\_\_\_\_

LLC \_\_\_\_\_ Other \_\_\_\_\_

*Please Print or Type*

**SEE REVERSE SIDE FOR INSTRUCTIONS AND FURTHER INFORMATION**

Application Type :      New \_\_\_\_\_ Owner Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

Legal Business Name : \_\_\_\_\_

Trade Name: (If different from above) \_\_\_\_\_

Business Activities: (Brief description- Retail clothing sales, wholesale food sales, rental of industrial equip., computer consulting, etc)

Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_  
(Business) (Fax) (Home Phone)

Name & Phone # for Contact Person \_\_\_\_\_ (\_\_\_\_)

Email address for contact: \_\_\_\_\_

List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Name	Residence Address	SSN (if not publicly traded co.)	Title
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Date Business Activity Initiated or Proposed in Ranburne: \_\_\_\_\_ # of Employees in Ranburne \_\_\_\_\_

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
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**THIS AREA FOR MUNICIPAL USE ONLY**

ACCOUNT ID # \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_

PHYSICAL LOCATION: ☐ CITY ☐ POLICE JURISDICTION ☐ OUTSIDE CORP LIMITS & PJ

ZONING CLASSIFICATION: \_\_\_\_\_ BUILDING APPROVAL: ? YES ? NO ? N/A FIRE CODE ☐

Tax Types:    ☐ Sales/Seller's Use    ☐ Consumer Use    ☐ Rental    ☐ Lodgings    ☐ Alcohol  
                  ☐ Occupational    ☐ Tobacco    ☐ Gas/Motor Fuel    ☐ Business License

Tax Filing Frequency:    ☐ Monthly    ☐ Quarterly    ☐ Annual    ☐ Other \_\_\_\_\_

Business Type:    ☐ Retail    ☐ Wholesale    ☐ Building Contractor    ☐ Service    ☐ Professional  
                          ☐ Manufacturer    ☐ Rental    ☐ Other \_\_\_\_\_

**PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM**