



ACCOUNT REGISTRATION FORM
 ALL FIELDS MUST BE COMPLETED
 Application must be signed by Applicant
 One Application per Physical Location per Municipality
 Visit www.revds.com for more information

Avenu Account No. _____
 Name of Municipality: _____

Application Type (Check One): New Business Renewal Name Change Owner Change Location Change Date of Change _____

Legal Business Name: _____

Trade Name / DBA (If different from legal name): _____

Business Mailing Address: (Street) _____

City _____ State _____ Zip _____ County _____

General Contact Information: Name _____ Title: _____

Cell Phone: _____ Alternate Phone: _____ Email Address: _____

Would you prefer to communicate with us in Spanish? Yes No Would you prefer electronic communication when available? Yes No

Date Business Activity Initiated/Proposed: _____ Local No. of Employees: _____ No. of Employees Company-Wide: _____

Ownership Information:

Form of Ownership (Check One): Sole Proprietorship* Corporation LLC-Single Member LLC -Multi Member General Partnership
 LLP (Limited Liability Partnership) Governmental Agency Professional Association Other: _____

Federal Employer Identification Number (FEIN): _____ *Social Security Number: _____

*Note: Sole Proprietors must provide SSN. All other businesses must provide either SSN or FEIN on application per Act 2014-430.

Owner(s), Partners, or Officers Information (Attach Separate Sheets if Necessary; (Residential Addresses Only- No PO Boxes)

1. Name: _____ Title: _____ SSN: _____

Address: _____ Email: _____ Phone: _____

2. Name: _____ Title: _____ SSN: _____

Address: _____ Email: _____ Phone: _____

Business Description/Information – (To Be Completed for Each Physical Location, Street Address Only - No PO Boxes) Residential Address (Choose One) Yes No

Doing Business As for this Physical Location: _____

Physical Street Address: _____ City _____ State _____ Zip _____ County _____

Telephone: _____ Website: _____ Email: _____

Physical Location (choose one): Incorporated City Limits Police Jurisdiction Only Outside Corporate Limits & Outside PJ

Business Type (choose one): Retail Wholesale Building Contractor Service Professional Manufacturer Rental Delivery Only

Describe the business you are conducting: _____ NAICS Code: _____

www.naics.com

Indicate the tax types required for each physical location. (Use additional sheets if necessary)

Types (indicate all needed): Sales Tax Sellers Use Consumers Use Rental Tax Lodgings Tax Alcohol Tax Tobacco
 Occupational Gas/Motor Fuel Business License/Certificate Permit BID/DID Other AL Sales Tax No: _____

Rates (indicate all needed): General Rate Automotive Rate Mfg. Machine Rate Agricultural Rate Amusement Rate Vending

Note: Your municipality may require the purchase of a Business License in order to conduct business in addition to filing other tax types. See www.revds.com for more information.

Contact Information for this location:

Name _____ Title: _____ Cell Phone: _____

Email Address: _____ Alternate Phone: _____

Sworn Statement: This application has been examined and is, to the best of my knowledge, a true and complete representation of the above-named entity and person(s) listed. Failure to complete the application in full, sign, and date this application will make the application invalid.

Signature: _____ Title: _____ Date: _____

Print Name: _____ Email: _____ Telephone No.: _____

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenter's bank no more than two times to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.revds.com.

Delinquent Business License Application

Municipality Name: _____
 Dates--Due: _____ Delinquent: _____

Instructions:

- To determine license fee due. See the full schedule listing at www.revds.com or email our Delinquent Business License Department at dresupport@revds.com with any questions or call 855-219-4336. Fax documentation toll free to 844-528-6529.
- Report all types of business conducted. See fee schedule for Schedule Number and the Schedule Description and calculation method. Report one type of business per remittance form. Additional forms can be found at www.revds.com.
- Gross receipts are required for all schedules that base their calculations on gross receipts.
- Units are Required if fee is based upon a "number" of units i.e. days, machines, etc.
- Failure to provide either the required gross receipts or units may incur additional penalties and interest.
- Complete the form below from the top down, one year at a time for every year delinquent.

Avenu Account No.: _____ Business Name: _____

Schedule No./Code	Description of License

Police Jurisdiction Definition: The area outside of the incorporated municipality limits as defined by local ordinance. Businesses physically located in the police jurisdiction are subject to purchase a business license per the municipality's ordinance at one-half the normal rate, if applicable. Please check the box if you operate solely in the police jurisdiction but not in the incorporated city limit.

Delinquent Year					
Gross Receipts per Year					
Unit Amount					
Flat/Base Fee					
Additional Amount Due Based on Calculation					
License Fee Due					
*Penalty					
*Interest					
Issuance Fee Due Annually					
Total Due per Year					
*Penalty and Interest Information:					
Amount to remit (Sum the Total Due per Year for each year delinquent) Make Check Payable To: Tax Trust Account Mail To: Avenu Delinquent Business License Dept. PO Box 830471 Birmingham, Alabama 35283-0471					\$

Sworn Statement: I hereby swear that the amount of capital invested or value of goods, stocks, furniture and fixtures or amount of sales or receipts as required for disclosure in order to obtain a business license has been examined by me and to the best of my knowledge is true, correct, and complete. I understand issuance of license does not permit business operation unless business is properly zoned, and/or in compliance with all applicable laws/rules.

Signature: _____ Date: _____ Telephone No.: _____

Print Name: _____ Title: _____

Email: _____

Returned Check Disclaimer: Please see the full returned check policy at www.revds.com/taxpayer/return-check-disclaimer.