



NEW ACCOUNT REGISTRATION FORM  
 ALL FIELDS MUST BE COMPLETED  
 Application must be signed by Applicant  
 One Application per Physical Location per Municipality

Avenu Account No. \_\_\_\_\_  
 Name of Municipality: \_\_\_\_\_

For most tax types, online filing is available at [www.salestaxonline.com](http://www.salestaxonline.com) or [www.hoteltaxonline.com](http://www.hoteltaxonline.com). Visit [www.avenuinsights.com](http://www.avenuinsights.com) for more information.

Application Type (Check One):  New Business  Renewal  Name Change  Owner Change  Location 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  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](http://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. Online filing for business licenses for municipalities administered by Avenu is available at <https://rds.bizlicenseonline.com>. See [www.avenuinsights.com](http://www.avenuinsights.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 presenters' 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.avenuinsights.com](http://www.avenuinsights.com).

For assistance: Email: [rdssupport@avenuinsights.com](mailto:rdssupport@avenuinsights.com) Website: [www.avenuinsights.com](http://www.avenuinsights.com) Toll Free Phone: (800) 556-7274 Toll Free Fax: (844) 528-6529 Se habla español.