

Business Information Sheet

PLEASE PRINT or TYPE

Date: _____

Legal Business Name: _____

Doing Business As: _____

Physical Address (in Rainbow City): _____

Physical City, State & Zip Code: _____

Physical Location Telephone #: _____

Business Owner(s): _____

Phone Numbers: Phone: _____ Cell: _____

Manager/ Contact Person: _____

Phone Numbers: Phone: _____ Cell: _____

E – Mail Address: _____

LIST IN ORDER NAME(S) OF PERSON(S) TO BE CONTACTED IN CASE OF EMERGENCY

1. Name: _____

Address: _____ Phone: _____

City, State, Zip: _____ Cell: _____

2. Name: _____

Address: _____ Phone: _____

City, State, Zip: _____ Cell: _____

**IF, The business is located in Rainbow City, Please fill out the information listed below.
Property Deed Owner of the land and/or building(s).**

Do you rent / lease the property or building(s) from property deed owner? Yes No

Name of Property Owner: _____

Phone: _____ Cell: _____

Contact Person: _____

Phone: _____ Cell: _____

Mailing Address: _____

City, State, Zip: _____

Note: If any information on this sheet changes, PLEASE submit a new form to the Revenue Department.

PLEASE REMIT TO: City of Rainbow City
Attn: Revenue Department