

## 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.**

**A copy of this form will be given to the Rainbow City Police Dispatch Office.**

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