

**Complete and Email, Mail, or Fax to:**

ATTN: REVENUE DEPARTMENT  
**CITY OF RAINBOW CITY**  
 3700 RAINBOW DRIVE  
 RAINBOW CITY, AL 35906  
 www.rbcAlabama.com  
**(256) 413-1211 FAX: (256) 442 2995**  
**revenue@rbcAlabama.com**

(CONFIDENTIAL)

**Applicant Complete This Box**

**FEIN** \_\_\_\_\_  
 ST of ALA Tax # \_\_\_\_\_

**Form of Ownership (Check One)**

Sole Prop. \_\_\_\_\_ Partnership \_\_\_\_\_  
 Corp. \_\_\_\_\_ Professional 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) (Cell Phone)

**Contact Person** \_\_\_\_\_ **Email Address:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**List Names of Owner(s), Partners, or Officers (Attach separate sheet if necessary)**

Name	Residence Address	SSN/ Driver's license #	Title

**Payroll Contact** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**\*The City of Rainbow City requires a 2% occupational license fee based on gross wages of employees\***

**Date Business Activity Initiated or Proposed in Rainbow City** \_\_\_\_\_ **# of Employees in Rainbow City** \_\_\_\_\_

**Do you have any individuals working who will be issued a 1099?**  Yes  No

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** \_\_\_\_\_

**THIS AREA FOR MUNICIPAL USE ONLY**

**ACCOUNT #:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_

**PHYSICAL LOCATION:**  CITY  POLICE JURISDICTION  OUTSIDE CITY

**ZONING CLASSIFICATION:** \_\_\_\_\_ **BUILDING APPROVAL:**  YES  NO  N/A

**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**

- PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT FOR THE SHADED AREA OF THE BOTTOM.
- FORM SHOULD BE TYPED OR PRINTED LEGIBLY.
- FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS.
- FORM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE MUNICIPALITY.

IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE MUNICIPALITY, PLEASE USE THAT ADDRESS ON THE FRONT OF THIS FORM ( Complete separate forms for each physical location in the City.)

UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

ALL LICENSE RENEWALS ARE DUE **JANUARY 1** AND DELINQUENT AFTER **JANUARY 31** WITH THE FOLLOWING EXCEPTIONS:

**INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1**

This form is intended as a simplified, standard mechanism for businesses to initiate contact with a municipality concerning their activities within that city. A business license will be required prior to engaging in business. If a business intends to maintain a physical location within the city, there are normally zoning and building code approvals required prior to the issuance of a license.

In certain instances, a business may simply be required to register with the city to create a mechanism for the reporting and payment of any tax liabilities. If that is the case, you will be provided the materials for that registration process.

The completion and submission of this form does not guarantee the approval or subsequent issuance of a license to do business. Any prerequisites for a particular type and location of the business must be satisfied prior to licensing.

**SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER ON THE FRONT OF THIS FORM TO OBTAIN MORE DETAILED EXPLANATION.**