

For Office Use Only

Account # _____

SALES TAX ACCOUNT APPLICATION DeKALB COUNTY, ALABAMA

Business Name	
Physical Address	
City	
State	
Zip + 4	

Mailing Name	
Mailing Address	
City	
State	
Zip + 4	

Contact Name _____ Email Address _____

Telephone Number _____ Fax Number _____

Please Check One:

- Individual
- Partnership
- Corporation

Please Check One:

- New
- Renewal
- Transfer

Owner Name _____ Manager _____

Federal ID Number _____ State of Alabama Sales Tax Number _____

If Transfer, Transfer Date _____

Previous Business Name _____

I certify the above information is correct.

Signature Date

Return completed form to:
DeKALB COUNTY SALES TAX OFFICE
111 GRAND AVENUE, SW – SUITE 12
FORT PAYNE, AL 35967

Direct questions to: Carole Brooks at 256.845.8505 or salestax@dekalbcountyal.us

Authority for application and enforcement given under State of Alabama, Act of the Legislature 91-610, and DeKalb County Resolution Number 92-1013-02.