

For Office Use Only  
Account #

## SALES TAX ACCOUNT APPLICATION DeKALB COUNTY, ALABAMA

<b>Business Name</b>	
<b>Physical Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip + 4</b>	

<b>Mailing Name</b>	
<b>Mailing Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip + 4</b>	

**Please Check One:**  
 Individual  
 Partnership  
 Corporation

**Please Check One:**  
 New  
 Renewal  
 Transfer

**Contact Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Owner Name** \_\_\_\_\_

**Federal ID Number** \_\_\_\_\_

**State Sales Tax Number** \_\_\_\_\_

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: Taby Goza at 256.845.8500 or Britani Williams at 256.845.8505 or [salestax@dekalbcountyal.us](mailto:salestax@dekalbcountyal.us)**

**Authority for application and enforcement given under State of Alabama, Act of the Legislature 91410, and DeKalb County Resolution Number 92-1013-02.**