

CITY OF HELENA
BUSINESS REVENUE OFFICE
CITY SALES, USE AND RENTAL/LEASE TAX APPLICATION FORM

PLEASE PRINT THE INFORMATION REQUESTED BELOW
AND MAIL OR FAX TO THE OFFICE BELOW

BUSINESS PHYSICAL LOCATION INFORMATION

BUSINESS NAME: _____
BUSINESS ADDRESS: _____
BUSINESS CITY/STATE _____ ZIP CODE: _____ - _____
BUSINESS TELEPHONE NO: _____ FAX: _____

BUSINESS TYPE (LIST PRIMARY PRODUCT, SERVICES)

BUSINESS STATE SALES TAX NO. _____ SHELBY CO. NO. _____
FEIN: _____ HELENA BUSINESS LIC.NO. _____
EMPLOYEE OR ACCOUNTANT PREPARING TAX RETURNS: _____

BUSINESS MAILING ADDRESS INFORMATION (IF DIFFERENT)

ATTENTION: _____
BUSINESS MAIL ADDRESS: _____

BUSINESS CITY, STATE: _____ ZIP CODE: _____ - _____

OWNER(S) MAILING ADDRESS INFORMATION (IF DIFFERENT)

OWNER(S) NAME: _____
ATTENTION: _____
OWNER(S) TELEPHONE NO: _____ FAX NO: _____
OWNER(S) MAILING ADDRESS: _____

CITY, STATE _____ ZIP CODE: _____ - _____

CHECK APPLICABLE CITY TAX TYPE(S) : () SALES () CONSUMERS USE () SELLERS USE () RENTAL/LEASE
FILING STATUS: () MONTHLY () QUARTERLY () ANNUAL () OCCASIONAL

NAME OF APPLICANT: _____
PLEASE PRINT

SIGNATURE OF APPLICANT: _____ DATE: _____

MAIL APPLICATION TO:
CITY OF HELENA LICENSE OFFICE
PO BOX 613
HELENA AL 35080-0613
PHONE (205) 663-2161 FAX (205) 663-9276

YOU ARE RESPONSIBLE FOR CONTACTING THE STATE SALES TAX OFFICE FOR YOUR STATE SALES/USE TAX ACCOUNT AND YOUR COUNTY TAX OFFICE FOR YOUR COUNTY SALES/USE TAX ACCOUNT.