



2025

ACCOUNT REGISTRATION FORM  
ALL FIELDS MUST BE COMPLETED  
Application must be signed by Applicant  
One Application per Physical Location per Municipality  
Visit [www.avenuinsights.com](http://www.avenuinsights.com) for more information.

Avenu Account No. \_\_\_\_\_

For most tax types, online filing is available at [www.salestaxonline.com](http://www.salestaxonline.com), [www.hoteltaxonline.com](http://www.hoteltaxonline.com), or [www.bizlicenseonline.com/](http://www.bizlicenseonline.com/).

Application Type (Check One): ☐ New Business ☐ Renewal ☐ Name Change ☐ Owner Change ☐ Location Change Date of Change \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Trade Name / DBA (If different from legal name): \_\_\_\_\_

Business Mailing Address: (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**General Contact Information:** Name \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Would you prefer to communicate with us in Spanish? ☐ Yes ☐ No Would you prefer electronic communication when available? ☐ Yes ☐ No

Date Business Activity Initiated/Proposed: \_\_\_\_\_ Local No. of Employees: \_\_\_\_\_ No. of Employees Company-Wide: \_\_\_\_\_

**Ownership Information:**

Form of Ownership (Check One): ☐ Sole Proprietorship\* ☐ Corporation ☐ LLC-Single Member ☐ LLC-Multi Member ☐ General Partnership

☐ LLP (Limited Liability Partnership) ☐ Governmental Agency ☐ Professional Association ☐ Other: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_

\*Note: Sole Proprietors must provide SSN. All other businesses must provide either SSN or FEIN on application per Act 2014-430.

Owner(s), Partners, or Officers Information (Attach Separate Sheets if Necessary; (Residential Addresses Only– No PO Boxes)

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Business Description/Information** – (To Be Completed for Each Physical Location, Street Address Only - No PO Boxes ) Residential Address (Choose One) ☐ Yes ☐ No

Doing Business As for this Physical Location: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Location (choose one): ☐ Incorporated City Limits ☐ Police Jurisdiction ☐ Outside Corporate Limits & Outside PJ

Business Type (choose one): ☐ Retail ☐ Wholesale ☐ Building Contractor ☐ Service ☐ Professional ☐ Manufacturer ☐ Rental ☐ Delivery Only

Describe the business you are conducting: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

[www.naics.com](http://www.naics.com)

**Indicate the tax types required for each physical location.** (Use additional sheets if necessary)

Types (indicate all needed): ☐ Sales Tax ☐ Sellers Use ☐ Consumers Use ☐ Rental Tax ☐ Lodgings Tax ☐ Alcohol Tax ☐ Tobacco

☐ Occupational ☐ Gas/Motor Fuel ☐ Business License/Certificate ☐ Permit ☐ BID/DID ☐ Other AL Sales Tax No: \_\_\_\_\_

Rates (indicate all needed): ☐ General Rate ☐ Automotive Rate ☐ Mfg. Machine Rate ☐ Agricultural Rate ☐ Amusement Rate ☐ Vending

Note: Your municipality may require the purchase of a Business License in order to conduct business in addition to filing other tax types. Online filing for business licenses for municipalities administered by Avenu is available at [tds.bizlicenseonline.com](http://tds.bizlicenseonline.com). See [www.avenuinsights.com](http://www.avenuinsights.com) for more information.

**Contact Information for this location:**

Name \_\_\_\_\_ Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Sworn Statement:** This application has been examined and is, to the best of my knowledge, a true and complete representation of the above-named entity and person(s) listed. Failure to complete the application in full, sign, and date this application will make the application invalid.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at [www.avenuinsights.com](http://www.avenuinsights.com).

For assistance: Email: [rdssupport@avenuinsights.com](mailto:rdssupport@avenuinsights.com) Website: [www.bizlicenseonline.com](http://www.bizlicenseonline.com) Toll Free Phone: (800) 556-7274 Se habla español.

# 2025 Business License Application



Online Filing is Available  
Free-Fast-Secure-Step by Step

[www.bizlicenseonline.com](http://www.bizlicenseonline.com)

All Fields Must Be Completed

Municipality Name: \_\_\_\_\_  
Dates--Due: \_\_\_\_\_ Delinquent: \_\_\_\_\_

Current Year (License Year): 2025

Purchasing different license year, indicate year: \_\_\_\_\_

Date Business Activity Initiated/Proposed: \_\_\_\_\_

Avenu Account No.: \_\_\_\_\_

NAICS: \_\_\_\_\_ [www.naics.com/search/](http://www.naics.com/search/)

## Instructions:

- All municipalities are required to obtain a copy of individual/entities board certifications/permits prior to issuance of a business license. For a list of certifications, please visit our website [here](http://www.bizlicenseonline.com).
- To determine license fee due see a full schedule listing at [www.revds.com](http://www.revds.com) or email our Business License Department at [bizlicensesupport@revds.com](mailto:bizlicensesupport@revds.com) with any questions or call 800-556-7274.

Federal Employer Identification No. (FEIN): \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Describe Business Conducted: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

(If different from legal name)

Trade Name / DBA: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(No PO Box Allowed)

Telephone Numbers: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

Business License Calculation Grid (online filing available at <https://rds.bizlicenseonline.com/>)

☐ Police Jurisdiction Definition: The area outside of the incorporated municipality limits as defined by local ordinance. Businesses physically located in the police jurisdiction are subject to purchase a business license per the municipality's ordinance at one-half the normal rate, if applicable. Please check the box if you are in the police jurisdiction but not in the incorporated city limit.

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Report all types of business conducted		Units Required if Fee is based upon a "number" of units ie. days, machines, etc.		Add Column E & F. Enter Total in Column G and then add down for Total Due.		
Schedule No. #/ Code	Type of License	Gross Receipts	Unit Amount	Flat/Base Fee	Additional Amount Due Based on Calculation	License Fee Due
						\$
						\$
						\$
Penalty Information:						
Calculate Penalty (if applicable):						\$
Calculate Interest (if applicable):						\$
Issuance Fee:						\$
Total Due:						\$

Make Check Payable To: Tax Trust Account Mail To: Avenu Business License Dept. PO Box 830900 Birmingham, Alabama 35283-0900

**Sworn Statement:** I hereby swear that the amount of capital invested or value of goods, stocks, furniture and fixtures or amount of sales or receipts as required for disclosure in order to obtain a business license has been examined by me and to the best of my knowledge is true, correct, and complete. I understand issuance of license does not permit business operation unless business is properly zoned, and/or in compliance with all applicable laws/rules.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

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