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 for more information.

Avenu Account No. _____

For most tax types, online filing is available at www.salestaxonline.com, www.hoteltaxonline.com, or 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

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 https://rds.bizlicenseonline.com. See 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.

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

2025 Business License Application

AVENU INSIGHTS & ANALYTICS

Online Filing is Available
Free-Fast-Secure-Step by Step
www.bizlicenseonline.com
All Fields Must Be Completed

Municipality Name: _Select One
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/

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.
- To determine license fee due see a full schedule listing at www.revds.com or email our Business License Department at 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:	$ 0.00
					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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