



City of Auburn **RESIDENTIAL/COMMERCIAL RENTAL BUSINESS REGISTRATION FORM**

BUSINESS INFORMATION:

Property Owner/Business Name: _____

Business Type: Limited Liability Partnership (LLP) Limited Liability Corporation (LLC) Corporation
 Proprietorship (one owner) Partnership (two or more owners) Church
 Other _____

Federal Identification # _____ or Social Security # _____

ADDRESS/MAILING INFORMATION:

Physical Location of Business: _____
(May be the home address if there is no commercial site for business operations)

_____, _____, _____
City State Zip

Phone # _____ Fax # _____ Website: _____

Mailing Address, if Different: _____

_____, _____, _____
City State Zip

CONTACT INFORMATION: (Person who can answer tax/licensing questions about this business)

Name/Title: _____

Business Phone # _____ Alternative Phone # _____

Fax # _____ Email # _____

OWNER/PARTNER/OFFICER INFORMATION: (Person(s) legally responsible for business)

Name/Title: _____

Address: _____, _____, _____, _____
Home Address City State Zip Code

SSN: _____ DOB: _____ DL#/STATE: _____

Business Phone # _____ Alternative Phone # _____

Fax # _____ Email # _____

Note: Attach a separate sheet detailing information if there is more than one person legally responsible for business.

Mail Completed Form To: City of Auburn-Revenue Office at 144 Tichenor Avenue·Suite 6·Auburn, AL 36830
Office: (334) 501-7239 · Fax: (334) 501-7297 · Website: www.auburnalabama.org

TAX/LICENSING INFORMATION: (Attach additional sheet(s) if necessary)

Note: Each property must be listed individually (i.e. each side of duplex or unit of a condo listed separately)

1. Property Address: _____

Property Type: ___House ___Duplex ___Condo ___Apartment Complex ___Commercial Property

Date Property First Rented/Leased: _____

Are you the owner of the property? _____

If no, provide name/contact number of property owner: _____

Are you the manager of the property? _____

If no, provide name/contact number of property manager: _____

Do you live in any portion of the property? _____ If yes, do you rent any portion of the property? _____

2. Property Address: _____

Property Type: ___House ___Duplex ___Condo ___Apartment Complex ___Commercial Property

Date Property First Rented/Leased: _____

Are you the owner of the property? _____

If no, provide name/contact number of property owner: _____

Are you the manager of the property? _____

If no, provide name/contact number of property manager: _____

Do you live in any portion of the property? _____ If yes, do you rent any portion of the property? _____

INITIAL (FIRST YEAR) LICENSE FEES:

Start Date Jan 1st – Jun 30th

Start Date July 1st or Later

- Residential \$100 plus \$5 issuance fee \$50 plus \$5 issuance fee
- Commercial \$100 plus \$5 issuance fee \$50 plus \$5 issuance fee

RENEWAL LICENSE FEES:

- Residential: 1 ½% of gross rental income received in previous year, provided minimum license fee requirement of \$100 is met plus the \$5 issuance fee
- Commercial: 1/40 of 1% (.000250) of gross rental income received in previous year, provided minimum license fee requirement is met plus the \$5 issuance fee

Note1: If you are a property management company and manage properties for more than one property owner, each property owner must meet the \$100 minimum license fee requirement for both the residential and commercial business license if they own both property types.

Note2: Licenses expire on **Dec 31st** and are renewable between **Jan 1st – Feb 15th**. If renewed after **Feb 15th**, a 15% penalty will be added. Licenses renewed **30 days after the delinquent date of Feb 15th** shall be assessed a late penalty of 30%.

PAYMENT INFORMATION: Payments may be at the Revenue Office, via US Mail, or over the phone (credit card only).

Accepted Forms of Payment: Cash, Check, Money Order, Credit Card (**Visa/MasterCard ONLY**)

Under penalties of perjury, I declare that I have examined this form and to best of my knowledge and belief, it is true, correct, and complete. My signature indicates that I take full responsibility for the information presented on this form and any tax liability that might occur.

Signature of person legally responsible for this account

Date

Print the name of the person legally responsible for this account