

**TOWN OF FALKVILLE, ALABAMA
SALES TAX AND SELLERS USE
TAX APPLICATION**

MAIL TO:
TOWN OF FALKVILLE
P.O. BOX 434
DECATUR, ALABAMA 35602
PHONE: (256) 351-4619

FOR OFFICE USE ONLY: FALKVILLE ACCT#: _____ **MORGAN CO ACCT#:** _____

Business Start Date: _____

Business Name: _____

Type of Business: _____

Location of Business: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Telephone: () _____ () _____ () _____
Business Home or Cell Fax

Manager or Owner's Name: _____

FEIN# or SSN#: _____

ALDOR State ID #: _____
(Begins with an 'RXXXXXXXX' or '9501XXXXX')

Contact Person for Tax Questions: _____

Email Address: _____ **Phone:** _____

Is your business located inside the Corporate Limits of Falkville? Yes No

Do you deliver into the Town of Falkville? Yes No

Request to File Tax Return(s): Monthly Quarterly 13 Periods
 Occasional Sales Annual (If tax is under \$600/yr)

I affirm under the penalty of perjury that the above is a true and correct statement to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Title: _____

*Attach Copy of Business License

*Return to the Morgan County Sales Tax Office within 10 Days or attach to your first return