Gordon Stone, Mayor
Council
Mim Whatley
Rob Steindorff
Marcus Robinson
Angie Bradsher
Doug Fuhrman
Lisa Burke, Town Clerk

TOWN OF PIKE ROAD
9575 VAUGHN ROAD
P.O. BOX 640339
PIKE ROAD, ALABAMA 36064
Ph. (334)-272-9883
Fax (334)-272-9884
Email: revenue@pikeroad.us

Special Event License Application

Application Type: _____ New _____ Renewal _____Owner Change _____ Name Change _____ Location Change

Application Date: _____ License Year: _____

Business Legal Name: _____

DBA/Trade Name: _____

Business Activities: _____

Owner's Name: _____

FEIN: _____ or SSN: _____ or State Tax Number: _____

Form of Ownership (check one): ____ Sole Proprietor ____Partnership ____Corporation ___ LLC ____ Other: _____

NAICS Code: _____

Physical Address:_____

Mailing Address (if different from physical): _____

City, State, Zip: _____ Business Phone: _____

Contact Person: _____ Cell Phone: _____

Email: _____ Number of Employees: _____

Business Start Date: ____/_____/_____ Is this business located inside the town limits of Pike Road? Y N

Please select the type of business: _____Retail ____Wholesale ____Building Contractor ____Service ____Professional ____Manufacturing ____Rental ____Other

Tax Type: ____Sales Tax ____Sellers Use ____Consumers Use ____Rental Tax ____Lodgings Tax ____Alcohol ____Occupational ____Tobacco _____Gas/Motor Fuel

Filing Frequency: ____Monthly ____Quarterly ____Biannually ____Annually ____Other ____No Account

List Following for Owner(s), Partners, or Officers (Attach separate sheet if necessary)

Name	Residence Address	SSN (if not publicly traded co.)	Title

"I hereby certify that all motor vehicles used by this business in the provision of commercial goods or services within the Town of Pike Road comply with the requirements of Section 7A of the Town of Pike Road Business License Code. I further acknowledge that failure to maintain compliance may result in enforcement action, including suspension, revocation, or non-renewal of the business license."

Name of Person Completing Application (please print): _____

Title of Person Completing Application: _____

Signature: _____