



Internal Use Only:			
Tax ID #		Date	
License Code		Initial	
Received By		Amount	
Session #		Check #	

BUSINESS LICENSE APPLICATION FOR RENTAL PROPERTY

Return to: Revenue Division
P.O. Box 4089, Gulf Shores, AL 36547

Please select one: CONDO _____ HOUSE _____ DUPLEX _____ LONG TERM (>180 DAYS) _____

Organizational Type: 1 Corporation 2 Partnership 3 Proprietorship 4 Professional Assoc. 5 Other _____

Legal Name of Owner: _____
(Last name first, if individual)

Mailing Address for Owner:

Physical Address of Rental Property:

P.O. Box / or Street # and Name

Name of Rental Property and Unit #

City/State/Zip

Street # and name

City/State/Zip

Telephone: (____) _____ (____) _____ (____) _____
Business Cell Home

Local Emergency Contact Information (Required):

Name: _____ Local Phone: (____) _____ Email: _____

Rental Unit is: within Gulf Shores city limits; within Gulf Shores police jurisdiction

Lodging Tax Remitted By: Self Management Company _____
Name of Company

If Lodging Tax remitted by self, will you file by mail E-file on-line

Beginning date for renting in Gulf Shores: _____ (Please be accurate, even if prior to today.)

E-Mail Address: _____ Federal ID# (optional): _____

Contact Person _____ Title _____ Phone (____) _____
Please Print

Owner(s), Partners, and Officers Information (Attach separate sheet, if necessary):

Name	Driver's License #/State of issuance	Title
_____	_____	_____
_____	_____	_____

The information provided on this application is a true and complete representation of the above-named entity and person(s) listed.

Signature: _____ Date: _____

Printed Name: _____

Office Use Only:	If self-managed, date tax form mailed ____/____/____
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