



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.)

Estimated Gross Income through end of current year \$ \_\_\_\_\_ (Required)

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 \_\_\_\_/\_\_\_\_/\_\_\_\_