BLT: STR-1
9/2017

# ALABAMA DEPARTMENT OF REVENUE

## BUSINESS & LICENSE TAX DIVISION

### SEVERANCE & LICENSE SECTION

P.O. Box 327560 • Montgomery, AL 36132-7560 • (334) 353-7827

# Severance Tax Registration

**Alabama Uniform Severance Tax – Section 40-13-56**
**Coal Severance – Sections 40-13-3 and 40-13-34**
**Forest Severance – Sections 9-13-86 and 9-13-87**
**Local Solid Minerals – Various Acts**
**Oil & Gas Severance Tax – Sections 40-20-4 and 9-17-25**

PLEASE TYPE OR PRINT LEGIBLY.

ANSWER ALL QUESTIONS APPLICABLE TO YOUR BUSINESS.

Type account registering for: *(check all that apply)*

AUST
___ Producer
___ Purchaser
___ Coal
Forest
___ Severer
___ Manufacturer
___ Local Solid Mineral
Oil & Gas
___ Producer
___ Purchaser
___ Offshore

**1.** LEGAL NAME OF BUSINESS

**2.** TRADE NAME (D/B/A)

**3.** MAILING ADDRESS (STREET OR P.O. BOX)

**4.** CITY STATE ZIP CODE –

**5.** COUNTY IN WHICH BUSINESS ADDRESS IS LOCATED

**6.** BUSINESS PHONE ( )

**7.** FEDERAL I.D. NO./SOCIAL SECURITY NO.

**8.** BUSINESS LOCATION (STREET)

**9.** BUSINESS LOCATION (CITY & ZIP CODE) –

**10.** TYPE OF ORGANIZATION

A. ☐ Individual B. ☐ Partnership
C. ☐ Corporation *(attach copy of certificate of incorporation)*
D. ☐ LLC *(must answer election question)*
Election made on IRS Form 8832? ☐ Yes (attach copy) ☐ No

**11.** REASON FOR APPLYING

☐ Change of Ownership ☐ Change in Business Structure
☐ New Business ☐ Other _____

**12.** DATE BUSINESS BEGAN IN ALABAMA

**13.** NAME OF FORMER OWNER OF BUSINESS, IF APPLICABLE

List below names, social security numbers, titles, and home addresses of owner, partners, corporate officers, or LLC member(s). Attach listing if space is not sufficient.

| NAME | SSN/FEIN | TITLE | ADDRESS |
|---|---|---|---|
| | | | |
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Signature(s) of owner, all partners, corporate officers or LLC member(s) is/are required.

| NAME 1 | TITLE | DATE |
|---|---|---|
| NAME 2 | TITLE | DATE |
| NAME 3 | TITLE | DATE |
| NAME 4 | TITLE | DATE |