City of Northport, Alabama
Update Information Form

Finance Department · Revenue Division

3500 McFarland Blvd · P.O. Box 569
Northport, Alabama 35476

Phone (205) 339-7000
Fax (205) 339-3046

revenue@cityofnorthport.org

FOR OFFICE USE ONLY
DATE RECEIVED & BY:

Account ID #: _____

Please Print or Type

Application Type: ☐ **Name Change** ☐ **Address Change** ☐ **Close Business Request**

Complete this section how the business is currently registered with the City of Northport.

Legal Business Name _____

Trade Name (DBA) (if different from above) _____

FEIN Number _____ **City of Northport Account #** _____

Complete this section with the new information about this business. If this is a close business request form, do not complete this section.

Legal Business Name _____

Trade Name (DBA) (if different from above) _____

Physical Address _____
STREET CITY STATE ZIP

Mailing Address _____
STREET CITY STATE ZIP

Business Telephone _____ **Fax** _____ **Cell** _____

Email Address _____

FEIN Number _____ **State of AL Tax Number** _____

Form of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company
☐ Non-Profit Organization ☐ Other (Specify) _____

Complete this section if this is a close business request form.

Date Business Closed _____

Reason ☐ Moved out of city ☐ Out of business ☐ No longer doing business in Northport ☐ No license required
☐ Sold Business (list new owner)_____ ☐ Other _____

Please note, a FEIN change or address change may constitute a new application. Contact our office for further information.

_____ _____
Printed Name Title

_____ _____
Signature Date