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) 333-3046

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

☐ BY CHECKING THIS BOX, I HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS: The information contained in this document is true and correct and may be relied upon by the City of Northport. By typing my name and by checking this box, this acknowledges that I am bound by this document just as if I had signed the document rather than typed my name to this document.