

**TOWN OF TRINITY, ALABAMA  
SALES TAX AND SELLERS USE  
TAX APPLICATION**

MAIL TO:  
TOWN OF TRINITY  
P.O. BOX 302  
DECATUR, ALABAMA 35602  
PHONE: (256) 351-4619

FOR OFFICE USE ONLY: TRINITY ACCT#: \_\_\_\_\_ MORGAN CO ACCT#: \_\_\_\_\_

Business Start Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Location of Business: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Business Home or Cell Fax

Manager or Owner's Name: \_\_\_\_\_

Driver's License # (attach copy): \_\_\_\_\_

FEIN# or SSN#: \_\_\_\_\_

ALDOR State ID #: \_\_\_\_\_  
(Begins with an 'RXXXXXXXX' or '9501XXXX')

Contact Person for Tax Questions: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your business located inside the Corporate Limits of Trinity?  Yes  No

Do you deliver into the Town of Trinity?  Yes  No

Request to File Tax Return(s):  Monthly  Quarterly  13 Periods  
 Occasional Sales  Annual (If tax is under \$600/yr)

*I affirm under the penalty of perjury that the above is a true and correct statement to the best of my knowledge and belief.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

\*Attach Copy of Business License

\*Return to the Morgan County Sales Tax Office within 10 Days or attach to your first return