



City of Auburn
Home of Auburn University

Individual Occupational License Registration

Name: _____

Social Security #: _____ -- _____ -- _____

Mailing Address: _____

_____, _____, _____
(City) (State) (Zip)

Home #: (_____) _____ - _____ Work #: (_____) _____ - _____

Name of Employer: _____

Employer's Address: _____

Date of Employment: _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REGISTRATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE. MY SIGNATURE INDICATES THAT I TAKE FULL RESPONSIBILITY FOR THIS REGISTRATION AND ANY TAX LIABILITY THAT MIGHT OCCUR.

APPLICANT'S SIGNATURE

DATE

Ref: City of Auburn Ord. No. 416 and Amendment Ord. No. 1676, 2641, 2653

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