Ross Wood Mayor

Michelle Grigg Town Clerk

Evelyn Moore Finance Director



TOWN OF GROVE HILL

111 South Church Street Post Office Box 847 Grove Hill, Alabama 36451 Telephone: 251-275-3153 Facsimile: 251-275-4153 Town Council

Eddie Foster District 1

Lanessa Pugh
District 2

Phyllis Barnes District 3

Verria C. Beckham

District 4

Kossie R. Powell District 5

WRAP INFORMATION FORM

(Wholesale to Retail Accountability Program)

Application Date:			License Year:			
Application Type: _	New	Renewal	Owner Change _	Name Change	_Location Change	
Business Legal Nam	ie:					
DBA/Trade Name:						
Physical Address: _						
			(City)	(Sta	ate) (Zip)	
Mailing Address:	1 4 1 1		(C')	(0)	(7')	
Same as Physical	l Address		(City)	(Sta	ate) (Zip)	
Owner's Name:	FEIN(or SSN):					
Form of Ownership (check one)	:Sole Prof	Proprietor _ essional Assoc	PartnershipOther	Corporation	LLC	
Business Start Date: State Tax I			ID :	Number of E	mployees:	
State License Numb (Please attach a copy of y	er:	tate license/perm	NAICS Code	::		
Contact Person:			Contact Pho	ne:		
Is this business locate	ed inside t	he town limits	of Grove Hill?	YN		
Is this business located	outside the	e town limits of	Grove Hill but insid	le the police jurisdic	tion?YN	
Type of business:				ServiceProfes		
				eRental Tax _ _Gas/Motor Fuel		
Filing Frequency: _			Bi-annually		Account Required	
Name of Person Com	pleting Ap	plication: (Pri	nt)			
Title of Person Completing Application:			Telephone #:			

For more information about WRAP, please contact the Alabama Dept. of Revenue at (334) 353-0440