

MORGAN COUNTY, ALABAMA

APPLICATION FOR PRIVILEGE LICENSE TO OWN OR OPERATE A BUSINESS VOCATION OR PROFESSION IN ALABAMA FOR THE PERIOD ENDING SEPTEMBER 30

**THIS APPLICATION IS HEREBY MADE FOR LICENSE TO OPERATE A BUSINESS, VOCATION OR PROFESSION WITHIN MORGAN COUNTY, ALABAMA FOR THE YEAR ENDING SEPTEMBER 30.**

\_\_\_ NEW BUSINESS \_\_\_ ADDITIONAL LOCATION \_\_\_ PURCHASE OF EXISTING BUSINESS

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

Location Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Federal Tax Identification # or Social Security # \_\_\_\_\_

TYPE OF BUSINESS

\_\_\_ Proprietorship/Owners Name \_\_\_\_\_

\_\_\_ Partnership/Partners Name \_\_\_\_\_

\_\_\_ Corporation/Contact Officers Name \_\_\_\_\_

**The undersigned acknowledges that the appropriate State and County License must be procured before the operation of any business, vocation or profession.**

The business began operating in \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Make checks payable to: Sharon Maxwell, Commissioner of Licenses  
302 Lee Street NE  
Decatur, Al 35601