

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: Kate Terry, Commissioner of Licenses
302 Lee St NE, Decatur, AL 35601 or
P. O. Box 668, Decatur, AL 35602