



## Business License Application No Physical Location

MAIL APPLICATION WITH REMITTANCE TO:  
 License and Revenue Division  
 P.O. Box 5070  
 Montgomery, AL 36103-5070

(334) 625-2036  
 Fax (334) 625-2994

Application Date: \_\_\_\_\_ Date of initiated or proposed business activity: \_\_\_\_\_

**Business Information**

Name of Business: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_

FEIN: \_\_\_\_\_ STATE OF AL TAX #: \_\_\_\_\_

Forms of Ownership (check one):      Sole Prop       Partnership       Corp       LLC

**Business Owner Information**

Name of Business Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

What is your **ESTIMATED** gross receipts from now through December 31<sup>st</sup> of the current year? \_\_\_\_\_

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above named entity, and person(s) listed.

Signature of Applicant: \_\_\_\_\_ Position or Title: \_\_\_\_\_

**PLEASE LET US HELP YOU! – CALL 334-625-2036 FOR CORRECT AMOUNT OF LICENSE PAYMENT DUE**

**(OFFICE USE ONLY)**

CODE	DESCRIPTION OF LICENSE	GROSS RECEIPTS	SCH	AMT OF LICENSE	FEE	TOTAL