



TALLADEGA COUNTY REVENUE COMMISSION

LICENSE DIVISION

BUSINESS (PRIVILEGE) LICENSE APPLICATION



CHECK TYPE OF BUSINESS: ___ INDIVIDUAL ___ PARTNERSHIP
___ CORPORATION ___ LLC

BUSINESS NAME _____ FEIN/SS# _____

OWNER NAME _____

CONTACT NAME _____ CONTACT NUMBER _____

PHYSICAL ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE # _____ BUSINESS PHONE # _____

FAX # _____ EMAIL ADDRESS _____

MAILING ADDRESS (if different from physical address) _____

TRADE NAME (DBA) _____

DESCRIPTION OF BUSINESS (Please give a detailed description of the type business you will be conducting and/or type of products you will be selling) _____

I HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION FOR THE PURPOSE OF SECURING A PRIVILEGE LICENSE AND DETERMINING THE AMOUNT DUE IS CORRECT. I ALSO UNDERSTAND THAT ADDITIONAL DOCUMENTS MAY BE REQUIRED TO OBTAIN REQUESTED LICENSE.

PRINTED NAME _____ TITLE _____

APPLICANT SIGNATURE _____ DATE _____

PLEASE MAKE CHECKS PAYABLE TO: JOHN B. ALLEN, REVENUE COMMISSIONER

MAILING ADDRESS: TALLADEGA COUNTY REVENUE COMMISSION, P.O. BOX 1017, TALLADEGA, AL 35161

OFFICE #: 256-362-1460

FAX#: 256-480-5294