



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: Talladega County Revenue Office

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

OFFICE #: 256-362-1460

FAX#: 256-480-5294