

BARRY E. ROBERTSON  
COMMISSIONER OF LICENSES



RICK BUSSEY  
LICENSE INSPECTOR

1702 NOBLE STREET STE 107  
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APPLICATION FOR CALHOUN COUNTY BUSINESS LICENSE  
(PLEASE PRINT)

BUSINESS NAME: \_\_\_\_\_

OWNER / CORP. OFFICER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS LOCATION:(IF DIFFERENT THAN MAILING) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FEIN / SSN: \_\_\_\_\_

INSIDE CITY LIMITS: YES \_\_\_ NO \_\_\_

DATE BUSINESS TO  
BEGIN OPERATION \_\_\_/\_\_\_/\_\_\_

PHONE NUMBER: \_\_\_\_\_ EST GROSS INCOME \_\_\_\_\_

CAPITAL INVESTMENT \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF OWNERSHIP: SOLE OWNERSHIP \_\_\_ PARTNERSHIP \_\_\_ CORP. \_\_\_ LLC: \_\_\_

TYPE OF MERCHANDISE SOLD OR SERVICES RENDERED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE SIGNED: \_\_\_/\_\_\_/\_\_\_

SIGNED: \_\_\_\_\_

COUNTY USE ONLY:

ACCOUNT NUMBER: _____
SECTIONS ISSUED: _____
_____
ISSUED BY: _____

