

**APPLICATION FOR PRIVILEGE LICENSE TO OWN OR OPERATE**

**A BUSINESS, VOCATION OR PROFESSION IN ALABAMA**

**FOR THE PERIOD ENDING SEPTEMBER 30**

(Section 40-12- 40 through 40-12-180, Code of Alabama 1975)  
(Section 40-12-310 through 40-12-319, Code of Alabama 1975)

**TO: GREG TUCKER  
LICENSE COMMISSIONER  
100 SOUTH CLINTON ST SUITE B  
ATHENS ALABAMA 35611**

**PHONE:  
256-233-6430  
FAX:  
256-233-6486**

**Application is hereby made for license to operate a business, vocation or profession within  
Limestone County, Alabama for the year ending September 30.**

**Business Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Location (St or Road)** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Check Type of Business: Social Security No. or FEID:** \_\_\_\_\_

\_\_\_\_\_ **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**

\_\_\_\_\_  
**Today's Date**