APPLICATION FOR BUSINESS LICENSE

HANCEVILLE, ALABAMA 112 MAIN STREET HANCEVILLE, ALABAMA 35077 256-352-9830 OFFICE 256-352-1200 FAX

Application Type:	New	Existing			
Legal Name of Busine	ss:				
Type of Business:					
Form of Ownership: _	Sole Proprieto	r Corpora		ership	
Street Address:					
City/State/Zip:					
Mailing Address:					
City/State/Zip:					
Contact Person:	Phone Number:				
Tax ID or SS No	D or SS No Estimated 2018 Gross Receipts:				
above business. This	est of my knowledge, tl business does NOT kn d (if eligible) is enrolle	owingly emplo		-	
Authorized Signature:	:		Date:		
	FOR CON	NTRACTORS ON			
State Certified:	Yes	No	ID Number:		
	FOR MU	NICIPAL USE ON			
License No.:		Reviewed By:			
Business Type: Ret	tail Wholesale	Service	Insurance	Lodging	