

**APPLICATION FOR PRIVILEGE LICENSE TO OWN OR OPERATE
A BUSINESS, VOCATION OR PROFESSION IN LIMESTONE COUNTY, ALABAMA
FOR THE CURRENT YEAR 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)

RETURN TO:

**JOSEPH CANNON, LICENSE COMMISSIONER
100 SOUTH CLINTON ST SUITE B
ATHENS, ALABAMA 35611**

**PHONE: (256) 233-6430
FAX: (256) 233-6486
WEB: LIMESTONELICENSE.COM**

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 _____

Physical Location (Street Address) _____

Contact Phone Number _____ Today's Date _____

Contact Person: _____

Check Type of Business: (Social Security No. or FEIN: _____)

_____ Proprietorship _____

(Owner's Name)

_____ Partnership _____

(Owners' Name

_____ Corporation _____

(Officers' Name(s))

The undersigned acknowledges that the appropriate State and County License must be procured before the beginning operation of any business, vocation or profession at the above address. All licenses for continuing operations are subject to renewal beginning October 1 and are considered delinquent on November 1.

The business above began operating in (Month) _____ (Year) _____.

Signature of Applicant _____

Printed Name of Applicant _____