

Barry E. Robertson
Commissioner of Licenses



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License Inspector

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APPLICATION FOR CALHOUN COUNTY BUSINESS LICENSE

(PLEASE PRINT OR TYPE)

Business Name: _____

Name of Owner: _____

Business Address: _____

City: _____

State: _____ **Zip:** _____

Mailing Address: _____

City: _____

State: _____ **Zip:** _____

Estimated Gross Income:\$ _____
(Contractors, Vending, Only)
(Home builders, Home repairs, etc.)
(Coin operated machines etc.)

Phone Number: (_____) _____

Is Business Within City Limits: (check one) Yes No

Capital Investment:\$ _____
(Manufacturing, Money Lending Only)
(Assembly or Making products etc.)
(Personal loans, Check Cashing etc.)

Type of ownership
(check one)

Sole ownership Partnership Corp./LLC Other

Date Business is to Begin Operation:
(mm/dd/yyyy) _____ / _____ / _____

FEIN/SSN: (required) _____

Type of merchandise sold or services rendered: _____

COUNTY USE ONLY

ACCOUNT NUMBER: _____

DATE: _____

SECTIONS ISSUED: _____

ISSUED BY: _____

Signed: _____

Date: _____