



## Business License Application – No Physical Location

License and Revenue Division  
 P.O. Box 5070  
 Montgomery, AL 36103-5070

(334) 625-2036  
 Fax (334) 625-2994

Application Date: \_\_\_\_\_ Date of initiated or proposed business activity: \_\_\_\_\_

### Business Information

Name of Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

FEIN \_\_\_\_\_ STATE OF AL TAX# \_\_\_\_\_

Forms of Ownership (check one): Sole Prop  Partnership  Corp  LLC

### Business Owner Information

Name of Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above named entity, and person(s) listed.

Signature of Applicant \_\_\_\_\_ Position or Title \_\_\_\_\_

**PLEASE LET US HELP YOU! – CALL 334-625-2036 FOR CORRECT AMOUNT OF LICENSE PAYMENT DUE**

**(OFFICE USE ONLY)**

CODE	DESCRIPTION OF LICENSE	GROSS RECEIPTS	SCH	AMT OF LICENSE	FEE	TOTAL