

Tammy Brown, Judge of Probate
P.O. Box 970
Cullman, AL 35056
Phone: (256)775-4803 Fax: (256)775-4813

APPLICATION FOR BUSINESS PRIVILEGE LICENSE

OWNER'S NAME: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP

OWNERS CELL #: _____ BUSINESS PHONE #: _____

BUSINESS NAME: _____

DOING BUSINESS AS: _____

BUSINESS PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP

CITY CODE: 1. Cullman County 5. Colony 9. Good Hope 13. West Point
(select one) 2. Cullman City 6. Dodge City 10. Hanceville
3. Baileyton 7. Fairview 11. Holly Pond
4. Berlin 8. Garden City 12. South Vinemont

TAX IDENTIFICATION # SSN FEIN: _____

DESCRIPTION OF BUSINESS: _____

SIGNATURE OF APPLICANT **DATE**
*I CERTIFY THAT ALL INFORMATION CONTAINED
HEREON IS TRUE AND CORRECT. (§40-12-8)*

PERMITS
IF ANY PERMITS ARE REQUIRED YOU MUST PROVIDE A COPY OF SAID PERMIT TO PURCHASE THE LICENSE.

CONTRACTOR'S LICENSE
ALL CONTRACTOR SERVICES MUST PROVIDE AN ESTIMATE OF GROSS RECEIPTS IN THE STATE OF ALABAMA FOR FISCAL TAX YEAR.

MANUFACTURER'S LICENSE
MANUFACTURERS OF PRODUCTS SHALL PROVIDE TOTAL COST OF CAPITAL INVESTMENTS FOR FISCAL YEAR.