

# TOWN OF THORSBY, ALABAMA

21060 US HWY 31

Thorsby, Alabama 35171

Phone (205) 646-3575 Fax (205) 646-2414

## APPLICATION FOR BUSINESS LICENSE

### SELECT THE TYPE OF BUSINESS:

- MANUFACTURER     FINANCIAL, INSURANCE, REAL ESTATE     HEALTH SERVICES  
 WHOLESALER     DELIVERY     PROFESSIONAL SERVICES  
 RETAILER     PUBLIC UTILITY     RESTAURANT     CONTRACTOR     OTHER

DESCRIBE BUSINESS: \_\_\_\_\_

DATE BUSINESS BEGAN IN THORSBY: \_\_\_\_\_

ESTIMATED ANNUAL GROSS RECEIPTS: \_\_\_\_\_ FOR CALENDAR YEAR: \_\_\_\_\_

### SELECT THE TYPE OF ORGANIZATION:

- CORPORATION     LIMITED LIABILITY COMPANY (LLC)     OTHER \_\_\_\_\_

LEGAL BUSINESS NAME: \_\_\_\_\_

TRADE NAME (D/B/A) \_\_\_\_\_

### LOCATION OF BUSINESS:

PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER (emergency) \_\_\_\_\_

### MAILING ADDRESS IF DIFFERENT:

PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

### GIVE INFORMATION BELOW, WHERE APPLICABLE:

CHILTON CO. HEALTH PERMIT# \_\_\_\_\_ FEDERAL I.D. TAX #: \_\_\_\_\_

PLUMBERS MASTER CARD # \_\_\_\_\_ ELEC MASTER CARD #: \_\_\_\_\_

HOME BLDR CERT#: \_\_\_\_\_ STATE GENERAL CONTRACTOR #: \_\_\_\_\_

I hereby certify that all information is true and correct.

DRIVER'S LICENSE # \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPE OR PRINT NAME