

PRIVILEGE (BUSINESS) LICENSE APPLICATION FOR COLBERT COUNTY

DATE BUSINESS OPENED: _____

NAME OF BUSINESS: _____

DBA NAME: _____

LOCATION OF BUSINESS: _____

MAILING ADDRESS (if different): _____

OWNERS NAME: _____

MANAGERS NAME: _____

OWNERS PHONE NUMBER: _____

BUSINESS PHONE NUMBER: _____

EMAIL ADDRESS: _____

FEDERAL ID NUMBER: _____

OWNERS SS#: (if no Federal ID #) _____

PRESIDENT OF CORPORATION (if applicable): _____

VICE PRESIDENT OF CORPORATION (if applicable): _____

DESCRIPTION OF BUSINESS: _____

NAME OF PERSON FILLING OUT THIS FORM:
