APPLICATION BUSINESS LICENSE BLOUNT COUNTY, ALABAMA

I, THE UNDERSIGNED, DO HEREBY MAKE APPLICATION FOR A BUSINESS LICENSE FOR THE FOLLOWING TYPE(S) OF BUSINESS.
FEDERAL TAX ID#
SOCIAL SECURITY NUMBER
NAME OF BUSINESS
NAME OF OWNER
BUSINESS ADDRESS
CITY STATE ZIP CODE
MAILING ADDRESS
CITY STATE ZIP CODE
EMAIL
PHONE
DATE
CLERK BUSINESS LICENSE ACCOUNT #