



NICK MATRANGA, LICENSE COMMISSIONER, MOBILE COUNTY
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 MOBILE COUNTY SALES TAX AND BUSINESS LICENSE DEPARTMENT
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THIS APPLICATION IS FOR THE FOLLOWING CODE SECTIONS ONLY

40-12-48	ARCHITECTS	40-12-135	OCULISTS, OPTOMETRISTS, OPTICIANS
40-12-71	CERTIFIED PUBLIC ACCOUNTANTS	40-12-136	OSTEOPATHS, CHIROPRACTORS
40-12-92	DENTISTS	40-12-155	SCIENTISTS, NATUROPATHS, CHIROPODISTS, ACUPUNCTURISTS
40-12-98	ENGINEERS	40-12-178	VETERINARY SURGERY
40-12-126	MEDICINE, CHEMISTRY, BACTERIOLOGY		

APPLICATION FOR: **BUSINESS LICENSE** **SALES TAX / SCHOOL TAX ACCOUNT** **USE TAX ACCOUNT**

LEGAL NAME OF INDIVIDUAL TO BE LICENSED		BUSINESS TELEPHONE NUMBER	
PRACTICE LOCATION ADDRESS		CITY	STATE ZIP CODE
MAILING ADDRESS		CITY	STATE ZIP CODE
NAME AND EMAIL ADDRESS OF CONTACT PERSON			

REQUIRED: COPY OF YOUR DRIVER'S LICENSE

HOME ADDRESS	SOCIAL SECURITY #	DATE OF BIRTH	DRIVER LICENSE #	ALTERNATE TELEPHONE #

WILL YOU SELL PRODUCTS: YES NO IF PRIVATE PRACTICE WILL YOU SELL PRODUCTS: YES NO

DESCRIBE TYPE OF PRACTICE:

PRACTICE LOCATED IN: CITY LIMITS POLICE JURISDICTION COUNTY OTHER

START DATE OF BUSINESS IN MOBILE COUNTY:

FEIN:

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MY LICENSE CAN BE REVOKED FOR ANY FALSE STATEMENTS MADE HEREIN, AND THAT I MAY BE LIABLE FOR MOBILE COUNTY SALES/USE TAX UNDER THE RESOLUTION LEVYING SUCH TAXES.

SIGNATURE

TITLE

DATE

OFFICE USE ONLY

LICENSE NUMBER:	CODE SECTION:
CITATION NUMBER:	TAX ACCOUNT NUMBER:
FREQUENCY: <input type="checkbox"/> MONTHLY <input type="checkbox"/> USE <input type="checkbox"/> OCCASIONAL	PREPARED BY: