



NICK MATRANGA, LICENSE COMMISSIONER, MOBILE COUNTY  
 MOBILE COUNTY SALES TAX AND BUSINESS LICENSE DEPARTMENT  
 3925 MICHAEL BOULEVARD SUITE F  
 P. O. DRAWER 161009  
 MOBILE, ALABAMA 36616  
 (251) 574-8561  
 FAX (251) 574-8103

**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:     MONTHLY     USE     OCCASIONAL

PREPARED BY: