



NICK MATRANGA, LICENSE COMMISSIONER, MOBILE COUNTY  
 GERALD STORK, DEPUTY LICENSE COMMISSIONER  
 MOBILE COUNTY SALES TAX AND BUSINESS LICENSE DEPARTMENT  
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 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: <input type="checkbox"/> MONTHLY <input type="checkbox"/> USE <input type="checkbox"/> OCCASIONAL	PREPARED BY: