

LICENSE INSPECTOR
BALDWIN COUNTY
P O Box 189
ROBERTSDALE, AL 36567
251-990-4633 phone / 251-972-6836 fax

APPLICATION FOR STATE OF ALABAMA / COUNTY BUSINESS LICENSE

D/B/A or Trade Name:		Phone Number:	
Corporation or LLC Name:		Phone Number:	
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Start Date of Business:	Are you located inside city limits?	FEIN Number:	

OWNER(S) PERSONAL INFORMATION

Name / Title / Email Address:	2 nd Phone #	SS Number	Drivers License

TYPE OF BUSINESS AND DESCRIPTION

Details of Business Operations and/or Products Sold:			
Do You Sell Alcohol: Yes ___ or No ___ *IF YES, THE ABC BOARD REQUIRES D/B/A/ TRADE NAME AND CORPORATION OR LLC NAME ON LICENSE TO MATCH THE ABC APPLICATION			
Possible Additional Forms Required:			
Health Food Permit	Contractor's Affidavit	Manufacturer's Affidavit	Vending Affidavit
Dealer's Regulatory	Auctioneer's Card	Other County License	Other _____

I certify that the information 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 under Title 40, Chapter 12, Section 10(d) penalties and interest will apply if delinquent.

Signature _____ Date _____

Comments: _____

Notice: City License may be required if your business is located within City Limits or Police Jurisdiction.
Notice: Obtaining State business license does not grant, nor imply business address is properly Zoned for operations.