

Barry E. Robertson
Commissioner of Licenses



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License Inspector

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APPLICATION FOR CALHOUN COUNTY BUSINESS LICENSE

(PLEASE PRINT OR TYPE)

Business Name: _____

Name of Owner: _____

Business Address: _____

City: _____

State: _____ **Zip:** _____

Mailing Address: _____

City: _____

State: _____ **Zip:** _____

Phone Number: (_____) _____ Estimated Gross Income: \$ _____

Is Business Within City Limits: (check one) Yes No Capital Investment: \$ _____

Type of ownership (check one)
Sole ownership Partnership Corp./LLC Other Date Business is to Begin Operation: _____

FEIN/SSN: _____

Type of merchandise sold or services rendered: _____

Signed: _____

Date: _____

COUNTY USE ONLY	
ACCOUNT NUMBER:	_____
DATE:	_____
SECTIONS ISSUED:	_____
ISSUED BY:	_____