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CALHOUN COUNTY
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APPLICATION FOR CALHOUN COUNTY BUSINESS LICENSE
(PLEASE PRINT)

BUSINESS NAME: _____

FEDERAL ID NUMBER / SOCIAL SECURITY NUMBER _____

OWNER / CORP. OFFICER: _____

BUSINESS LOCATION _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS :(IF DIFFERENT) _____

CITY: _____ STATE _____ ZIP _____

DATE BUSINESS TO BEGIN OPERATION _____

EST GROSS INCOME FOR CALHOUN COUNTY _____

CAPITAL INVESTMENT _____

PHONE NUMBER: _____ INSIDE CITY LIMITS: YES _____
NO _____

EMAIL: _____

TYPE OF OWNERSHIP: SOLE OWNERSHIP _____ PARTNERSHIP _____ CORP. _____ LLC: _____

TYPE OF MERCHANDISE SOLD OR SERVICES RENDERED: _____

DATE SIGNED: ____/____/____

SIGNED: _____

COUNTY USE ONLY:

ACCOUNT NUMBER: _____
SECTIONS ISSUED: _____

ISSUED BY: _____

