Dallas County Business License Application 101 Church Street, P.O. Box 987, Selma, AL 36702

(334) 877-4801

1. Business Name: Mailing Address: Gity:			State:		Zip:
Physical Address: Is business inside the cir 2. Business Phone: 3. Is this a home based busines 4. Briefly describe business:	ss? (Please	check one)	Yes Yes	□ No	
5. Date Business Opened in 6. Business Type: (Please chec		rietor Social ip Feder	I I D NI		
7. Business or Owner's Email					
8. Owner's Name	<u>Title</u>	<u>Address</u>			Telephone #
					· ————————
9. SALES – Retail or Whol Do you have a license to sell i Fixed Location (Permanent) (check all items you sell)	n another county or Transient Bicy Com Cell		Tobac Maga		Electronics Playing Cards
10. CONTRACTOR SERVICE: Do you have a valid Section & (Note: If you have answered Provide an estimate of gros (Fiscal period – October 1 – S	4 (contractor's li 'Yes", please conto s receipts in the	icense) in anothe act us at 334-877	er county in Alab [-4801] before pro	ceeding.) x year: \$	e) Yes No
11. Additional Permits Req Food Service, Auto Dealer, An		and County Trans	sient Bond #: Regulatory Li Health Permit First County:		
12. I declare under penalty	of perjury tha	at the above in	formation is t	rue and correct.	
Signature of owner or authorized agent Date				Date	
		OFFICE	USE ONLY		Clerk
Section	<u>Fee</u>	Section		<u>Fee</u>	CICLIX
					License#
					1D#