

# Dallas County Business License Application

105 Lauderdale Street, P.O. Box 987, Selma, AL 36702

(334) 877-4801

**1. Business Name:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Is business inside the city limits? (Please check one)  Yes  No

**2. Business Phone:** \_\_\_\_\_  
**3. Is this a home based business?** (Please check one)  Yes  No

**4. Briefly describe business:** \_\_\_\_\_

**5. Date Business Opened in** \_\_\_\_\_

**6. Business Type:** (Please check one)  
 LLC  Sole Proprietor Social Security No. \_\_\_\_\_  
 Partnership Federal I.D. No. \_\_\_\_\_  
 Corporation

**7. Business or Owner's Email Address:** \_\_\_\_\_

<u>Owner's Name</u>	<u>Title</u>	<u>Address</u>	<u>Telephone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**9. SALES - Retail or Wholesale**  
 Do you have a license to sell in another county in Alabama? (Please check one)  Yes  No  
 Fixed Location (Permanent) or Transient \_\_\_\_\_  
**(check all items you sell)**

<input type="checkbox"/> Bicycles	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Electronics
<input type="checkbox"/> Computers	<input type="checkbox"/> Magazines	<input type="checkbox"/> Playing Cards
<input type="checkbox"/> Cell Phones	<input type="checkbox"/> Appliances	
<input type="checkbox"/> Auto Accessories	<input type="checkbox"/> Soft Drinks	

**10. CONTRACTOR SERVICES (Paint, construction, roofing, etc.)**  
 Do you have a valid Section 84 (contractor's license) in another county in Alabama? (Please check one)  Yes  No  
*(Note: If you have answered "Yes", please contact us at 334-877-4801 before proceeding.)*  
**Provide an estimate of gross receipts in the State of Alabama for fiscal tax year:** \$ \_\_\_\_\_  
 (Fiscal period - October 1 - September 30) **(SUBJECT TO AUDIT)**

**11. Additional Permits Required for:**  
 Food Service, Auto Dealer, Auctioneer or Second County Transient  
 Bond #: \_\_\_\_\_  
 Regulatory License#: \_\_\_\_\_  
 Health Permit#: \_\_\_\_\_  
 First County: \_\_\_\_\_

**12. I declare under penalty of perjury that the above information is true and correct.**

\_\_\_\_\_  
*Signature of owner or authorized agent* \_\_\_\_\_  
*Date*

OFFICE USE ONLY				Clerk
<u>Section</u>	<u>Fee</u>	<u>Section</u>	<u>Fee</u>	
_____	_____	_____	_____	_____
_____	_____	_____	_____	License#
_____	_____	_____	_____	ID#