

ALABAMA DEPARTMENT OF PUBLIC HEALTH

LICENSE/PERMIT APPLICANT'S DECLARATION
OF BUSINESS OWNERSHIP STRUCTURE

Applicant (Please print or type)

Name of establishment or facility (if different than above)

City

State

Zip Code

Applicant is a (check one):

*Individual Nonprofit corporation Municipality

Partnership Limited Liability Corporation County

Corporation State Joint City/County

Other: _____

*If Individual or Sole Proprietorship, number of employees not including yourself: _____

I declare, under penalty of perjury, under the laws of the State of Alabama that the information I provided is true and correct to the best of my knowledge.

Printed Name

Signature

Date

FOR DEPARTMENTAL USE ONLY

Type of License/Permit: _____

County: _____

ADPH Employee: _____