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)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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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: _____________________________________________________________________