

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: \_\_\_\_\_

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: \_\_\_\_\_