

# STATE OF ALABAMA

CONTROL NUMBER

LICENSE NO.

County  
BALDWIN

ACCOUNT NUMBER

ISSUED TO:

14: 6 KMAGDEC

LICENSE YEAR
2018-2019

*Your name must be shown here.*

DATE ISSUED		
10	3	18
MO	DAY	YR

*License year must be 2018-19.*

LICENSE TYPE	
STORE LICENSE	
CHAIN STORE LICENSE	
OCCUPATIONAL LICENSE	X

BUSINESS LOCATION

10 3 2018

EXPIRES

September 30, 2019

EX *Expiration 2019*

SECTION	BUSINESS TYPE	LICENSE AMOUNT	FEE	PENALTY	CITATION	INTEREST	TOTAL
136	CHIROPRACTOR	20.00	1.00				21.00

*Section must be 136.*

**SAMPLE**

**TRANSFER OF LICENSE**

Evidence having been adduced before me that a bona fide sale of the business licensed by this certificate has been made by licensee, this license is transferred to said purchaser.

**Thomas White, Jr.**  
State Comptroller

**Julie P. Magee**  
Commissioner of Revenue

Name of Purchaser

**TIM RUSSELL**

Issuing Authority

Issuing Authority

TOTAL	21.00
MAIL FEE	
TOTAL WITH MAIL FEE	21.00