



ALABAMA DEPARTMENT OF REVENUE
 BUSINESS & LICENSE TAX DIVISION
 SEVERANCE & LICENSE TAX SECTION
 P. O. Box 327550 • Montgomery, AL 36132-7550 • (334) 353-7827

FOR OFFICE USE ONLY	
County	_____
License No.	_____
Type Refund	_____
State's Part (Less Commission)	\$ _____
County's Part (Less Commission)	\$ _____
Total	\$ _____

LIC: PL300
6/19

Petition for Refund for Privilege or Store License

The undersigned petitioner requests a refund of the amount erroneously or excessively paid, as evidenced by license No. _____ dated _____, issued by the Issuing Agent of _____ County, which license is hereto attached **(Enclose Original License)**.

Explain in detail the reason for refund claim **(attach additional pages if necessary)**.

Under penalties of perjury, I declare that the above information is true, correct, and complete to the best of my knowledge and belief.

_____ PETITIONER'S NAME	_____ LICENSE NUMBER ()	
_____ D/B/A	_____ TELEPHONE NUMBER	
_____ PETITIONER'S SIGNATURE	_____ PETITIONER'S TITLE	
_____ MAILING ADDRESS		
_____ CITY	_____ STATE	_____ ZIP CODE

DO NOT WRITE IN SPACE BELOW — STATE OF ALABAMA USE ONLY

I, _____, State of Alabama, hereby certify that the above petition is true and correct and the amount as set out in the above petition was paid under the facts as herein stated, and therefore the petitioner is entitled to a refund from the State in the amount of \$ _____ and a refund from said County in the amount of \$ _____.

This _____ day of _____, _____
 DEPARTMENT OF REVENUE
 By _____

 Manager, Severance & License Tax Section

To State Comptroller/Financial Operations:
 You are requested to draw your warrant on the State Treasurer in favor of _____, (petitioner) for \$ _____.

 Manager, Severance & License Tax Section

To Board of County Commissioners or other like governing body of _____ County:
 You are requested to draw your warrant on the County Treasurer in favor of _____, (petitioner) for \$ _____.

 Manager, Severance & License Tax Section