

# STATE OF ALABAMA

CONTROL NUMBER

LICENSE NO.

County  
BALDWIN

ACCOUNT NUMBER

ISSUED TO:

14: 6 KMAGDEC

LICENSE YEAR
2024-2025

**Your name must be shown here not just the Clinic name.**

DATE ISSUED		
10	3	24
MO	DAY	YR

**License year must be 2024-2025.**

LICENSE TYPE	
STORE LICENSE	
CHAIN STORE LICENSE	
OCCUPATIONAL LICENSE	X

BUSINESS LOCATION

EXPIRES

September 30, 2025

EX

**Expiration 2025**

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
---------------------	-------