

MAILING ADDRESS (IF DIFFERENT): Contact Person: _____

Street Address: _____

City _____ State _____ Zip _____ Phone: _____

Fax: _____ Email Address: _____

COMPLETE INFORMATION BELOW AND PROVIDE COPIES OF EACH, WHERE APPLICABLE:

Alabama Sales and Use Tax#: _____ Federal Tax ID#: _____

Shelby County Health Permit#: _____ ABC License #: _____

State of AL Master Electrical Card#: _____ State of AL Master Plumbers Card: _____

State of Alabama HVAC Card#: _____ Residential Home Builder Card#: _____

ALABAMA State General Contractor#: _____

Select the Type of Organization: (Inc., LLC, LLP, Proprietorship, etc.) (Please provide probated copy of Articles of Formation)

Sole Proprietorship Other (Specify) _____

Name/Address of ALL officers of Entity: (Attach Additional Sheets if necessary):

Name	Address	Title	Phone#	Social Security#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I _____ hereby certify that all information given is true and correct.

Printed Name

Signature

Date