Mauldin
Expect Great Things.

CONTRACTOR BUSINESS LICENSE APPLICATION

BUSINESS NAME _____

ALTERNATE BUSINESS NAME _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

BUSINESS PHONE _____ **FAX** _____ **EMERGENCY PHONE** _____

BUSINESS OWNER/OFFICIAL _____ **TITLE** _____

FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER (REQUIRED) _____

CIRCLE ONE - CORPORATION LLC INDIVIDUAL OTHER (EXPLAIN) -_____

TYPE OF BUSINESS	STATE ISSUED LICENSE #	EXPIRATION DATE	SPECIALITY LICENSE REQUIRED FOR HVAC
_____	_____	_____	_____

COPIES OF ALL LICENSE MUST BE SUBMITTED

PROJECT LOCATION -_____

HOMEOWNER (IF APPLICABLE) _____ **PHONE** _____

GENERAL CONTRACTOR (IF APPLICABLE) _____

CONTRACT AMOUNT $_____ **$150.00 – 1st $2,000. $2.00 every thousand thereafter**

I DO HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND THAT THE CONTRACT AMOUNT IS ACCURATELY REPORTED.

PRINT NAME	SIGNATURE	DATE
_____	_____	_____

OFFICE USE ONLY

FEE PAID $_____ **DATE** _____ **RECEIPT #** _____ **LICENSE #** _____

RATE CLASSIFICATION _____ **SIC/NAICS** _____ **PERMIT #** _____

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