

LICENSE APPLICATION REQUIREMENTS

To Begin Processing:

_____ * Company Name -

_____ * Classification(s) being applied for (# & title) -

_____ * Entity of the company -

_____ Individual _____ Partnership _____ L.L.C. _____ Corp.

_____ * Company address -

Physical _____

Mailing _____

Phone Number () _____ - _____

_____ * Information on all owners/officers/directors/QP -

<u>Name (include middle name)</u>	<u>Title</u>	<u>% Owned</u>	<u>DOB</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Name</u>	<u>SSN</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- _____ * Does any owner/QP have any other AZ contractors licenses?
Name: _____
Co. Name: _____
- _____ * Does any owner/QP have any other state contractors licenses?
Name: _____
Co. Name: _____
State: _____ Type: _____ Status: _____
- _____ * Has any owner/ QP ever:
Had a license denied/revoked? _____
Been convicted of a felony? _____
- _____ * Agree to obtain Workmen's Comp. as necessary? _____
- _____ * Sales tax filing method -
_____ Cash receipts _____ Accrual
- _____ * Are you liable for Federal Unemployment Tax? _____
- _____ * Federal ID # _____ Sales Tax # _____
- _____ * Location of tax records -

- _____ * Did you acquire all/part of an existing bus.? _____