

# CONTRACTOR

## APPLICATION FOR PRIVILEGE LICENSE

DATE OF APPLICATION: \_\_\_\_\_

1. Name of Business \_\_\_\_\_

2. Business Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Business Street Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Business Telephone # \_\_\_\_\_

5. Name of Owner(s) \_\_\_\_\_

6. Date that work in the City of Graham began or will begin \_\_\_\_\_

7. Description of Business Activity \_\_\_\_\_

8. State Contractor License Number # \_\_\_\_\_

9. Comments \_\_\_\_\_

**I, affirm, under penalties prescribed by law, that I have examined and understand all information on this application and statement; that to the best of my knowledge and belief, it is true, complete and made in good faith pursuant to the City of Graham Privilege License Tax Ordinance.**

Signature of Applicant \_\_\_\_\_

Relationship to Business \_\_\_\_\_