

Michigan Department of Energy, Labor & Economic Growth
 Bureau of Commercial Services - Licensing Division
 BUILDERS UNIT
 P.O. Box 30245, Lansing, MI 48909
 517-373-8376
 www.michigan.gov/builders

TOTAL FEE DUE: \$135.00

OFFICE USE ONLY

| |
|---------------------------|
| ID NUMBER |
| 2106 |
| REVIEWER |
| DATE REVIEWED |
| REC'D TOTAL: |
| FEE: OK NO |
| DUE \$: |
| DBA/CERT/PART OK NO |
| 1-7 COMPLETE OK NO |
| BRANCH ADDRESS OK NO |
| SIGNATURE / I.D. OK NO |
| APP HOLD |

BUILDER AND M & A CONTRACTOR BRANCH OFFICE LICENSE APPLICATION

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

**This application is valid between
 2-1-09 and 5-31-10.**

A **BRANCH OFFICE** is a separate office location for the same licensed individual, corporation, partnership or limited liability company. The business name must be the same name as the individual, corporation, partnership, or limited liability company's name on the original license. A branch office license cannot be issued or renewed unless the main office license is current.

ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION:

ALL applicants must attach a copy of their driver's license or state identification card for identification purposes.

Individual licensees with business names must attach a current copy of your assumed name certificate. Individual licensees who operate in their given name only do not need an assumed name certificate.

Corporation licensees must attach a current Certificate of Good Standing. Contact the Corporation Division at 517-241-6470 to order the form.

Limited Liability Company licensees must attach a current LLC Status Certificate. Contact the Corporation Division at 517-241-6470 to order the form.

Partnership licensees must attach a current copy of your Certificate of Partnership.

Return the completed application to the Builders Unit at the address listed above. **Allow 6 weeks for processing a properly submitted application.** *Keep a completed copy of this application for your records.*

APPLICANT INFORMATION - TYPE OR PRINT LEGIBLY IN BLACK INK

| | | |
|---|--------------------------------------|-----------------------------|
| 1. BUSINESS NAME AS PRINTED ON LICENSE | 2. FEDERAL ID NUMBER (if applicable) | 3. LICENSE NUMBER |
| 4. NAME OF OWNER OR QUALIFYING OFFICER | 5. SOCIAL SECURITY NUMBER | 6. DAYTIME TELEPHONE NUMBER |
| 7. CURRENT ADDRESS OF MAIN OFFICE LOCATION (NUMBER, STREET, CITY, STATE, ZIP CODE) | | |
| 8. ADDRESS OF NEW BRANCH OFFICE LOCATION (NUMBER, STREET, CITY, STATE, ZIP CODE) A POST OFFICE BOX IS NOT ACCEPTABLE. | | |

9. SWORN STATEMENT

I have not withheld information that might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of this application or disciplinary action on this applicant's license or may be punishable by law. I hereby authorize the Michigan Department of Energy, Labor & Economic Growth and its agents to investigate any statements made by me in this application, including checking criminal, civil, and administrative records. I authorize the Department, and its agents, to examine this applicant's books and records at the Department's discretion.

 SIGNATURE OF OWNER OR QUALIFYING OFFICER

 DATE

(OWNER must sign for individual licensees; QUALIFYING OFFICER must sign for Corporation, Partnership, or Limited Liability Company licensees)

| FEE PAYMENT INFORMATION (Check Appropriate Box) | FOR OFFICE USE ONLY - VALIDATION |
|--|----------------------------------|
| <p>\$135.00</p> <p>(2106-01 = \$105.00) (2106-15 = \$ 30.00)</p> <p>License Expires 5-31-11</p> | |
| <p>Make your check or money order from a U.S. Financial Institution payable to: STATE OF MICHIGAN - BUILDERS</p> | |
| <p>FEEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.</p> | |

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Information provided on this form may be released to the public in accordance with the Freedom of Information Act, 1976, PA 442, as amended.