



## Limited Residential Licensing Class Application

*This application is for participation in the 2021 Limited Residential Licensing class, proctored by Chattanooga State University and hosted by the Memphis Area Minority Contractors Association, located at the Entrepreneur Network Center, 480 Dr. MLK, Jr. Avenue, Memphis, TN 38126.*

PLEASE PRINT OR TYPE (Business Information)

LAST NAME	FIRST NAME
-----------	------------

COMPANY NAME

MAILING ADDRESS	CITY	STATE	ZIP	COUNTY
-----------------	------	-------	-----	--------

HOME ADDRESS (if different from mailing address)	CITY	STATE	ZIP	COUNTY
--	------	-------	-----	--------

TELEPHONE NUMBER (include area code)	BUSINESS PHONE NUMBER (if different from telephone number)
--------------------------------------	--

WEBSITE ADDRESS	BUSINESS EMAIL ADDRESS
-----------------	------------------------

ESTABLISHED BUSINESS DATE	NO. OF EMPLOYEES
---------------------------	------------------

Is your company? ☐ Minority Owned ☐ Woman Owned ☐ M(W)BE Certified

Business License Number:

Business License Expiration Date:

PRIMARY REPRESENTATIVE	POSITION
------------------------	----------

BUSINESS PHONE	CELL PHONE	FAX	E-MAIL
----------------	------------	-----	--------

ALTERNATIVE REPRESENTATIVE	POSITION
----------------------------	----------

BUSINESS PHONE	CELL PHONE	FAX	E-MAIL
----------------	------------	-----	--------