



KIM HASTIE, LICENSE COMMISSIONER, MOBILE COUNTY

CERTIFICATION FOR COLD STORAGE

STATE OF ALABAMA
COUNTY OF MOBILE

I, _____
(Print Name of Owner or Officer)

certify that I am the _____
(Title)

of the business known as _____
(Print Name of Business)

and that the volume of refrigerated space to the best of my knowledge and belief for said
business is _____ cubic feet.

(Signature of Owner or Officer)

(Date)