



KIM HASTIE, LICENSE COMMISSIONER, MOBILE COUNTY

CERTIFICATION FOR SAW MILLS

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 daily capacity to the best of my knowledge and belief for said business is
_____ feet per day.

(Signature of Owner or Officer)

(Date)