

REQUEST FOR CERTIFICATE OF GOOD STANDING

Date: _____

Requestor Information

(Business or Personal Information from the entity making the request.)

Your Name: _____

Business Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Your Fax No: _____

Your email Address: _____

Requesting Information

(Business for which you are requesting a certificate.)

Business Name: _____

Business FEIN: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Reason for Request: _____

A response to your request should be mailed within about ten (10) days to the mailing address you provided above. No tax information will be divulged by phone nor to anyone other than the successor of the business as allowed in §40-2A-10(f)(1), Code of Alabama (1975), as amended. Be sure to attach a copy of the signed and dated Purchase Agreement. **Mail these both to License Commission Office, P. O. Drawer 161009, Mobile, AL 36616 or fax them to (251) 574-8103.**