

## 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.**