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Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Owner Information: (List Partners, if Corporation list Officers and Titles)**

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**Please list any other business entities you have had in the City of Franklin:**

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**List of Subcontractors (including labor) you will be using:**

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**The License Fee Division must be notified in writing if your business ceases operation. You will be assumed in business until this written statement is received.**