

City of Tuscaloosa

Recovery Zone Contractor Registration

YOU MUST SHOW CURRENT CITY BUSINESS LICENSE IN ORDER TO RECEIVE PERMIT

Form can be faxed to 205.349.0136 and we will call when they are ready for pick up.

Registration #: _____ Date of Application#: _____

Name of Business: _____

Physical Address (no P.O. Boxes): _____

_____ Phone#: _____

Mailing Address: _____

Name of License Holder: _____

Resident Address (of License Holder): _____

_____ Phone#: _____

Driver License #: _____ State Issued: _____ D.O.B.: _____

Type of Contractor: _____

City Business License#: _____ Trade License #: _____

Vehicle Information: (If you have more than three vehicles all must be registered please attached supplemental form and submit with application)

Make: _____ Model: _____ Tag #: _____

Make: _____ Model: _____ Tag #: _____

Make: _____ Model: _____ Tag #: _____

Signature _____ Printed Name _____

Approval: _____ **Date:** _____

City of Tuscaloosa

Recovery Zone Contractor Application

Supplemental Form for Additional Vehicles

Registration #: _____ Name of Business: _____

Make: _____ Model: _____ Tag #: _____

Make: _____ Model: _____ Tag #: _____

Make: _____ Model: _____ Tag #: _____

Make: _____ Model: _____ Tag #: _____

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Make: _____ Model: _____ Tag #: _____

Make: _____ Model: _____ Tag #: _____

Make: _____ Model: _____ Tag #: _____

Signature: _____ Printed Name: _____

Approval: _____ **Date:** _____