



Address all inquires and send completed application to:
North Carolina Irrigation Contractors' Licensing Board
Post Office Box 41421
Raleigh NC 27629-1421
(919) 872-2229 • info@nciclb.org
www.nciclb.org

For Board Use
Check #: _____
Amount: _____

Application for *Corporate* Irrigation Contractor License
\$100 Application Fee Must Accompany this Application

GENERAL INFORMATION - Name of corporation, LLC, partnership, or any other business entity in which the license is to be issued (NOTE: The name MUST READ EXACTLY as it is registered with the NC Secretary of State or County Register of Deeds). Make checks payable to NCICLB (NC Irrigation Contractors' Licensing Board).		
Company/Organization:		
Company Contact Name:		
Physical Address of Principal Place of Business:		
City/State/Zip:		
Mailing Address:		
City/State/Zip:		
Business Telephone:	Business Fax:	
Cell Phone:	Email:	
Federal ID Number:	Web Site:	

HAVE YOU REGISTERED THIS CORPORATION, LLC OR OTHER BUSINESS ENTITIY WITH THE NC SECRETARY OF STATE? (This does not apply to Partnerships or Sole Proprietors.) Partnerships and Sole Proprietors should register with the County Register of Deeds.

Date of Incorporation/Registration: _____ State of Incorporation/Registration: _____

A copy of the latest annual report filed with the Secretary of State of NC must be filed with this application. A copy can be printed by logging on to <http://www.secretary.state.nc.us/corporations/>

NOTE: If this corporation, LLC or other business entity has not been registered with the NC Secretary of State the corporate license cannot be issued. You may register with the NC Secretary of State by logging on to <http://www.secretary.state.nc.us/corporations/>

Will the corporation, LLC, partnership or other business entity transact business under another trade name? _____ If so please provide trade name exactly as it is registered with the NC Secretary of State.

List all names and addresses of officers of the corporation, LLC, partnership, or any other business entity.

Name	Position Held	Address/City/State/Zip

List all names and addresses of licensed irrigation contractors employed by the corporation, LLC, partnership, or any other business entity who will be the qualifier(s) for the corporation.

Name	Position Held	License Number

List all locations/branches of the firm and the name of the licensed irrigation contractor responsible for the location

Name	Location Address/City/State/Zip	License Number

AFFIDAVIT

State of _____

County of _____

_____, the Applicant, deposes and says that I have read the contents hereof, and to the best of my knowledge the foregoing statements are true in substance and fact and are made in good faith and I hereby subscribe to and agree to conform with the Code of Ethics.

Signature of Applicant _____

Sworn and subscribed to before me the _____ day of _____ 20_____

My commission expires _____

Signature of Notary Public _____

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