

**ROBERT ROBERTS, LLC**  
**Commercial Construction & Renovations**

2901 E 48<sup>th</sup> Street Chattanooga, TN 37407

423-551-9555 office

423-505-7571 mobile

Robert@RobertRoberts.net

GENERAL CONTRACTOR Submit all Applications for Payment to: [bookkeeping@robertroberts.net](mailto:bookkeeping@robertroberts.net)

Robert Roberts, LLC wants to congratulate and welcome you to our new project. We are excited to build a trusting and continual relationship with all our Subcontractors.

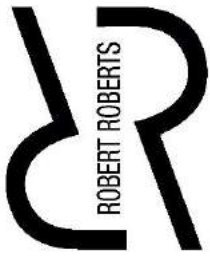
Enclosed are a few documents that you will need during this project and we want to make our endeavor as easy as possible.

Enclosed are the following documents:

- Subcontract- please initial all pages, sign, witness, and return.
- Subcontractor application for payment – Please fill in the appropriate information each month and have the document notarized.
- Subcontractor warranty form – Please fill in appropriate information, notarize, and submit along with any manufacturer’s warranties and operations and maintenance manuals. Contact your project manager for the date of warranty commencement.
- Final Waiver of Lien – this is for the final payment and is in addition to the lien release which is included in each application for payment.
- W-9 Form – Please fill in the appropriate information and return.
- Certificate of Liability Insurance- Please submit a certificate of insurance naming Robert Roberts, LLC as a Certificate Holder as in the example shown. Insurance certificates must be submitted prior to the start of your work.
- Copy of Business License and contractor’s license.

Again, we want to thank you for your cooperation and timely submission of each of these documents. Please submit all business forms to [bookkeeping@robertroberts.net](mailto:bookkeeping@robertroberts.net).

Robert Roberts  
President



GENERAL CONTRACTOR

ROBERT ROBERTS, LLC

Commercial Construction & Renovations

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## SUBCONTRACTOR APPLICATION FOR PAYMENT

Project Name: \_\_\_\_\_

Period: \_\_\_\_\_ to: \_\_\_\_\_

Subcontract Number: \_\_\_\_\_

Original Contract Amount: \_\_\_\_\_

Application Number: \_\_\_\_\_

Approved Change Orders: \_\_\_\_\_

Date: \_\_\_\_\_

Revised Contract Amount: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Work Completed to Date: \_\_\_\_\_

Address: \_\_\_\_\_

Percentage Complete (%): \_\_\_\_\_

\_\_\_\_\_

Less 5% Retainage: \_\_\_\_\_

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

Less Previous Payments: \_\_\_\_\_

Cell: \_\_\_\_\_

Amount Due This Invoice: \_\_\_\_\_

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

### WAIVER AND RELEASE OF LIEN OR BOND UPON PROGRESS PAYMENT

The undersigned, hereby forever waives, relinquishes, releases and discharges all liens and claims of liens that the undersigned has or shall have upon the property described in the subject contract, and all improvements thereon, for all labor and or materials furnished to said property through the last day of the current month, said waiver to be effective upon payment of the amount of this requisition. This waiver does not cover any retention or labor, services or materials furnished after specified period listed.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Notary Public

*\*This requisition must be fully completed, executed and in the home office no later than the 20<sup>th</sup> of the month or it will not be considered until the following month.*

**SUBCONTRACTOR SCHEDULE OF VALUES**

8/28/2023  
3:50 PM

SUBCONTRACTOR: ADDRESS: PROJECT: SUBCONTRACT NO. PROJECT NO.:	APPLICATION NO. APPLICATION DATE:  PERIOD FROM: PERIOD TO:
---	--

A	B	C	D	E	F	G	H	I	J
Item No.	Description of Work	Scheduled Value	Previous Application	Work In Place	Stored Materials	Total Complete & Stored to Date	% Complete	Balance to Finish	Retainage
1									
2									
3									
4								\$ -	
5								\$ -	
6								\$ -	
7									
8									
9									
10									
11									
12									
13									
14									
15									
<b>Original Contract Totals</b>		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

**CHANGE ORDERS**

CO No.	Description of Work	Scheduled Value	Previous Application	Work In Place	Stored Materials	Total Complete & Stored to Date	% Complete	Balance to Finish	Retainage
1				\$ -					
2				\$ -					
3									
4									
5									
6									
7									
8									
9									
10									
<b>Change Order Totals</b>		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
<b>Contract Totals To Date</b>		\$ -	\$ -	\$ -	\$ -	\$ -			

**YOUR NAME HERE**  
**SUBCONTRACTOR WARRANTY FORM**

Project:  
Location:  
Owner:

We, \_\_\_\_\_, for \_\_\_\_\_ fabrication and installation as described in specifications, do hereby warrant that all labor and materials furnished and work performed in conjunction with the above-referenced project are in accord with the contract documents and authorized modifications thereto, and will be free from defects due to defective materials or workmanship for a period of one (1) year from the date of substantial completion. This warranty period commences on \_\_\_\_\_ and expires \_\_\_\_\_. Should any defect develop during the warranty period due to improper materials, workmanship, or arrangement, the same shall, upon notice by the Owner, be made good by the undersigned at no expense to the Owner. Nothing in the above shall be deemed to apply to work which has been abused or neglected by the Owner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2023 by

\_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_, who is personally known to and who did not take an oath.

\_\_\_\_\_  
Notary Public State of TENNESSEE

My Commission Expires: \_\_\_\_\_

**AFFIDAVIT, AGREEMENT, RELEASE AND WAIVER OF LIEN**

(Partial Release and Waiver of Lien)

Project:

Location:

Owner:

STATE OF TENNESSEE

COUNTY OF HAMILTON

\_\_\_\_\_, being first duly sworn, says that he is the \_\_\_\_\_ of \_\_\_\_\_, (the "Company") and is authorized to bind the Company to this instrument.

He is familiar with the Company's performance in connection with the Contract dated \_\_\_\_\_ between the company and Robert Roberts, LLC.

To the best of his knowledge, the Company has properly and completely performed all services and has furnished all materials required by such Contract through \_\_\_\_\_, and on behalf of the Company warrants that it has done so.

To the best of his knowledge and on behalf of the Company, he warrants that all suppliers, vendors, and subcontractors have been paid within their terms and conditions, and has settled all claims for which payment is or will be due and owing as of the date of submission of this form.

To the best of his knowledge and on behalf of the Company, he warrants that no one has any right as of the date of submission of this document, to file or to enforce a lien on account of furnishing such services or material. On behalf of the Company he agrees that upon receipt of the sum of \$\_\_\_\_\_ as progress payment to date under the contract, which represents the full amount due to the Company as of \_\_\_\_\_, less and except that Retention in the amount of \$\_\_\_\_\_ still being withheld by the Owner, the Company does hereby waive and release any and all claims against \_\_\_\_\_ (the Owner) and that if such claim is asserted or lien is filed or enforced, the Company will indemnify and save harmless the Owner from any loss, damage or expense arising therefrom.

Acceptance of this form and payment by the Owner shall not be deemed to release the Company from any obligations including those to the Owner.

By: \_\_\_\_\_  
(Signature of Affiant)

Title: \_\_\_\_\_

On his behalf and on behalf of the Company.

Subscribed and sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission Expires: \_\_\_\_\_.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>												
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-	-	-	-									
<b>or</b>												
<b>Employer identification number</b>												
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-	-	-	-									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*





**Hamilton County  
Business Tax Standard License**

June 22, 2023

ROBERT ROBERTS, LLC  
2901 E 48TH ST  
CHATTANOOGA TN 37407-3303

Letter ID: L0542589504  
Expiration Date: 15-May-2024  
Return Due By: 15-Apr-2024

The business tax license printed below certifies the receipt and approval of your business tax license application or the renewal of a license for your existing business. The license is valid until the expiration date noted above. Your license number is 1001077706 and your classification is 4. The certificate must be displayed publicly at the location for which it is issued.

All business tax returns are required to be filed and the payment remitted electronically. Your return is due on April 15, 2024. Please visit [www.tn.gov/revenue](http://www.tn.gov/revenue) for additional information.

**Note: This license does not permit operation unless properly zoned and/or in compliance with all other applicable state, county, or city laws, rules and regulations. Also, as required by Tenn. Code Ann. § 39-17-1801 et seq., businesses must comply with all provisions of the Tennessee Non-Smoker Protection Act.**

**DETACH LICENSE BELOW AND DISPLAY IN PUBLIC AREA**



**Hamilton County  
Business Tax Standard License**

**This certificate must be publicly displayed.**

ROBERT ROBERTS, LLC  
2901 E 48TH ST  
CHATTANOOGA TN 37407-3303



Date Issued: 22-Jun-2023  
Classification: 4  
Letter ID: L0542589504  
License Number: 1001077706  
Expiration Date: 15-May-2024





**City of Chattanooga  
Business Tax Standard License**

June 22, 2023

ROBERT , LLC  
2901 E 48TH ST  
CHATTANOOGA TN 37407-3303

Letter ID: L0661668416  
Expiration Date: 15-May-2024  
Return Due By: 15-Apr-2024

The business tax license printed below certifies the receipt and approval of your business tax license application or the renewal of a license for your existing business. The license is valid until the expiration date noted above. Your license number is 1000354367 and your classification is 4. The certificate must be displayed publicly at the location for which it is issued.

All business tax returns are required to be filed and the payment remitted electronically. Your return is due on April 15, 2024. Please visit [www.tn.gov/revenue](http://www.tn.gov/revenue) for additional information.

**Note: This license does not permit operation unless properly zoned and/or in compliance with all other applicable state, county, or city laws, rules and regulations. Also, as required by Tenn. Code Ann. § 39-17-1801 et seq., businesses must comply with all provisions of the Tennessee Non-Smoker Protection Act.**

**DETACH LICENSE BELOW AND DISPLAY IN PUBLIC AREA**



**City of Chattanooga  
Business Tax Standard License**

**This certificate must be publicly displayed.**

ROBERT , LLC  
2901 E 48TH ST  
CHATTANOOGA TN 37407-3303



Date Issued: 22-Jun-2023  
Classification: 4  
Letter ID: L0661668416  
License Number: 1000354367  
Expiration Date: 15-May-2024

# State of Tennessee

384075

12788624

BOARD FOR LICENSING CONTRACTORS  
CONTRACTOR  
ROBERT ROBERTS, LLC

*This is to certify that all requirements of the State of Tennessee have been met.*

**ID NUMBER:** 47614

**LIC STATUS:** ACTIVE

**EXPIRATION DATE:** November 30, 2023

**Unlimited; BC**



IN-1313  
DEPARTMENT OF  
COMMERCE AND INSURANCE