

# EBON Temple, Inc.

## LICENSE RENEWAL APPLICATION 2010

Church Affiliation: \_\_\_\_\_

### Request for License Renewal

Applicant Information: Fill in all areas.

Applicant's Current Status:  Licensed  Ordained  License Not Current

Complete this application only if this is a renewal request. First time applicants must complete the mentor/mentee program, except when exempt status has been granted by the Bishop.

### Applicant Information

Legal Name First	Middle	Last	
Home Address			
City		State	Zip Code
Primary Telephone Number (Include Area Code)		Alternate Telephone Number (Include Area Code)	
E-mail Address			

I am applying for renewal of ministerial credentials at EBON Temple, Inc. effective January 24, 2010 through January 23, 2011.

I understand the following:

- A license will **not** be issued unless I am in full compliance with the rules of the church and the procedures outlined for clergy.
- The license shall be granted for a period of 1 year—effective January 24, 2010 through January 23, 2011—unless terminated for improper use or violation of agreement. Transfer of the license may be considered under the provisions outlined by the awarding church and receiving church.
- The license shall be governed by the rules and regulations of the home church of the organization—EBON Temple, Inc.
- A Licensing Renewal fee shall be assessed as follows, payable by January 12, 2010.
  - \$125 - Bishops, Overseers
  - \$100 - Pastors, Presiding Elders, Doctors
  - 75 - Elders, Apostles
  - 50 - Evangelists, Ministers, Prophets, Prophetesses
  - 25 - Missionaries, Deacons
  - Waived - Mothers

Please place an "X" in the appropriate boxes. (Read each item below and mark the appropriate box.)

Yes	No	Ministerial Duties
<input type="checkbox"/>	<input type="checkbox"/>	<i>I have lived a life acceptable to the calling of a minister of the gospel.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>As a licensed minister of the gospel in 2009, I have fulfilled all obligations required of me by those that have rule over me. (Paid my tithes, visited the sick, attended leadership trainings, etc.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>Bring ye all the <u>tithes</u> into the storehouse, that there may be <u>meat</u> in mine <u>house</u>. ...Mal.3:10 I paid tithes as required by the scripture during 2009.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>I have shown my support of the church through offerings and by assisting in other incurred expenses of the church.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>I have visited, prayed for, and assisted the sick and needy at least twice each month.</i>

I affirm that all information included in this application is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date