

Sole Proprietorship Business License Application Form

A. Applicant Information

Full Name of Sole Proprietor**Home Address****Contact Number****Email Address**

B. Business Details

Business Name**Business Address****Nature/Type of Business****Taxpayer Identification Number (TIN)****Proposed Start Date of Business**

C. Business Operation Details

Number of Employees**Operating Hours****Do you own, rent, or lease your business premises?** Select

D. Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge. I agree to abide by all applicable laws and regulations governing business operations in this jurisdiction.

Signature**Date**

Submit Application

This is a sample format. Please check your local government's requirements for specific documentation.