

# Occupational License Application Form

## Applicant Information

Full Legal Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	<input type="text" value="Select"/>
Home Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
ZIP Code:	<input type="text"/>	Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>		

## Business/Occupational Information

Business/Trade Name:	<input type="text"/>		
Nature of Business/Trade:	<input type="text"/>		
Business Address:	<input type="text"/>		
Business Phone:	<input type="text"/>	Type of License Requested:	<input type="text" value="Select"/>
Duration (months/years):	<input type="text"/>	License Fee (if applicable):	<input type="text"/>

## Legal and Regulatory Declarations

☐ I hereby certify that all information provided is true and correct to the best of my knowledge, and that I will comply with all relevant laws and regulations.

Date:	<input type="text"/>	Signature:	<input type="text"/>
-------	----------------------	------------	----------------------

**Note:** Submit this completed form along with any supporting documents and payment (if applicable) to the local licensing authority.

For office use only:

Application ID: \_\_\_\_\_

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

Approved By: \_\_\_\_\_