

Occupational License Application Form

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

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

Legal and Regulatory Declarations			
<input type="checkbox"/> 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:		Signature:	_____

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: _____