



APPLICATION
FOR BUSINESS OR PROFESSIONAL LICENSE

ACCOUNT#: _____ **FED ID#:** _____

TOE ID#: _____ **STATE ID#:** _____

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

BUSINESS LOCATION: _____

PHONE: _____

NAME OF OWNER: _____

TYPE OF BUSINESS: _____

LICENSE FEE: _____ **DATE PAID:** _____ **METHOD:** _____

Signature and Title of Applicant or Representative