



APPLICATION
FOR BUSINESS OR PROFESSIONAL LICENSE

FED TAX ID#: _____

STATE ID#: _____

NAME OF APPLICANT/BUSINESS:

MAILING ADDRESS: _____

BUSINESS LOCATION: _____

PHONE: _____

NAME OF OWNER: _____

TYPE OF BUSINESS: _____

Signature and Title of Applicant or Representative

For Office Use Only

TOE ID#: _____

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