

Customer Number

Expires yearly April 30th
Fee \$75.00 per year

**HEALTH VENDOR LICENSE APPLICATION
(Sec. 26-121 – 26-136)**

Please Include:
1 2x2 Headshot
Passport Photo
Drivers License
Vehicle:
Registration &
Insurance

CONFIDENTIAL

Name of Business: _____

Business Address: _____

Phone Number: _____ Fax: _____

Email: _____

Name of Applicant: _____ DOB: _____

Home Address: _____

Home Phone: _____ Cell: _____

Email: _____

Vehicle Description: _____

License #: _____ Plate #: _____

Insurance Co.: _____ Policy #: _____

Have you ever been convicted of a Felony? Yes _____ No _____

Misdemeanor? Yes _____ No _____

If Yes on Either Question Briefly State Reason (s): _____

I affirm that the above information is true and complete to the best of my knowledge and belief.

Signature of Applicant

Date

Please include copy of current Drivers License