

**CITY OF CINCINNATI  
TREASURY DIVISION  
LICENSE APPLICATION**

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Application is hereby made for a license to engage in the business of: \_\_\_\_\_

Name or Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Indicate whether owned by a Corporation ( ), Partnership ( ), Individual ( ). If owned by a corporation, give name, address, social security number and date of birth of President, Vice-President, Secretary and Treasurer. If a Partnership, give name, address, social security number and date of birth of each Partner. If owned by an Individual, give name, home address, social security number and date of birth.

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>SS#</u>	<u>D.O.B</u>

Neither the undersigned nor any other person listed above has been arrested for /or convicted of any felony or misdemeanor except as follows: List all arrests or convictions, except for traffic violations. Use reverse side if necessary.

<u>DATE</u>	<u>CHARGE</u>	<u>LOCATION (City and State)</u>

\_\_\_\_\_ being duly sworn says that the statements contained in the foregoing application are true.

SIGN \_\_\_\_\_  
President, Partner, Sole Owner

Sworn to me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

NOTARY PUBLIC \_\_\_\_\_

ANY FALSE STATEMENT MADE IN THIS APPLICATION SUBJECTS THE SIGNED TO PROSECUTION FOR PERJURY AND WILL RESULT IN THE REVOCATION OF ANY LICENSE GRANTED PURSUANT HERETO.

Your license as a \_\_\_\_\_ expires on \_\_\_\_\_, 19\_\_, and carries a \_\_\_\_% penalty, per month, if not renewed within 15 days of expiration.

**PLEASE INCLUDE CHECK AND STAMPED ADDRESSED ENVELOPE FOR RETURN RECEIPTS.**

NAME _____	Department of Finance
ADDRESS _____	Treasury Division
_____	LICENSE FEE _____