



TICKET SELLER LICENSE APPLICATION

Print Name or Trade Name _____

Business Address _____

Street City State Zip Code
Business Federal Tax ID _____ Cincinnati Income Tax Account Number _____ - _____

Business Phone _____ Home Phone _____

Seller's Name _____ Address _____

Height _____ DOB _____ Weight _____ Sex _____

Hair Color _____ Eye Color _____ SS# _____

Indicate if you are under any Court Orders to pay child support? Yes _____ No _____

If yes, provide (1) Name of Court _____
(2) Status of Payments: Current _____ Arrears _____

Indicate whether owned by a Corporation (), Partnership (), Individual (). If owned by a corporation, all officers' name, address, and social security numbers are to be listed. If a partnership, give name, address, social security number and date of birth of each partner.

Name _____ Address _____

S.S. # _____ D.O.B. _____ Title _____

Name _____ Address _____

S.S. # _____ D.O.B. _____ Title _____

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.

Date _____ Charge _____ Location (City & State) _____

Date _____ Charge _____ Location (City & State) _____

Date _____ Charge _____ Location (City & State) _____

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

Print Name

SIGN _____

President, Partner, Sole Owner

Sworn to me and signed in my presence this _____ day _____, 20 _____.

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.

TREASURY USE ONLY

Badge No. _____ Power of Attorney _____

Health Permit _____ Receipt No. _____

Expires _____ ID Transferred to: _____ Date Received _____