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Date: \_\_\_\_\_

Name of Firm/DBA: \_\_\_\_\_

Principal Contact: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street Address, Building/Suite #)

\_\_\_\_\_  
(City) (State) (Zip)

What do you sell: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
As it appears on Social Security Card (First Name) (M.I.) (Last Name)

Home Address: \_\_\_\_\_  
(Street Address, Building/Suite # - Do not use a P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip)

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

Business Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**INS**

Liability Insurance Carrier: \_\_\_\_\_

ID/Policy Number: \_\_\_\_\_

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Business is licensed (unless exempt by applicable law), permitted or certified to do business in the State of Florida:  Yes  No

Business & Professional Regulation License Number: \_\_\_\_\_

State of Florida Corporation Identification Number: \_\_\_\_\_

State of Florida Fictitious Name Registration Number: \_\_\_\_\_

Charlotte County Occupational License Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

**ID**

Type of Organization:  Individual/Sole Proprietorship  Non-Profit  Partnership  Corporation

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Federal Tax ID:  Yes  No Number: \_\_\_\_\_

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I hereby certify that the information supplied herein is correct and may be used as necessary for the applicant's criminal background check. This is a legal signature, please ensure all information is accurate:

\_\_\_\_\_  
Name Title

*Approval of this application is contingent upon a satisfactory criminal background check of the applicant.*

**Office  
Use  
Only**

\_\_\_\_\_  
Name Title