LICENSING APPLICATION FORM

All information applied herein shall be reserved solely for the purpose of applying for a Liquid Chocolate & Company License. None of the applicant's personal information gathered here shall be disclosed to another party or person unless requested by law.

NAME OF APPLICANT: _____

Mr/Ms First Name Middle Initial Last Name

PROPOSED LICENSING LOCATION (For Ocular Inspection)

_____

Street Address APT/BLDNG NO City State ZIP Code

PERSONAL INFORMATION

CURRENT RESIDENTIAL ADDRESS:

_____

Street Address APT/BLDNG NO City State ZIP Code

HOME OWNERSHIP _____Years _____Months of stay

☐ Owned (mortgaged) ☐ Owned (not mortgaged) ☐ Living with Parents/Relatives ☐ Rented

DO YOU OWN A CAR? No ☐ Yes ☐ How Many?____ Not Mortgaged_____ Mortgaged_____

Email Address:_____ Cellphone No.: _____

Home No.:_____Work No.:_____Fax No.: _____

Date of Birth:_____ Age:_____ Marital Status:_____ Citizenship:_____

TAX ID No.:_____ SSN.:_____

For Single Applicants

Father's Name:_____ Age:_____ Occupation / Business:_____

Mother's Name:_____ Age:_____ Occupation / Business:_____

FINANCIAL INFORMATION

EMPLOYMENT: ☐ Private Sector ☐ Self-Employed ☐ Government ☐ Retired/Unemployed

COMPANY NAME: _____

NATURE OF BUSINESS_____OCCUPATION / POSITION _____

COMPANY ADDRESS

_____

Street Address APT/BLDNG NO City State ZIP Code

Total # of Years Working ☐

Years / Months of stay (with PRESENT Company/Business) ☐

OFFICE PHONE NUMBER: _____ FAX NUMBER: _____

Other Source of Income Aside from primary employment or Business

_____

_____

TOTAL GROSS ANNUAL INCOME

Primary _____*per annum*

Secondary _____*per annum*

ADDITIONAL REQUIREMENTS (Please submit the following requirements.)

1. Photocopy of two photo ID (Driver's License / Passport / ID)
2. Proof of Address (Utility Bill / Bank Letter)
3. Copy of Lease Agreement for Proposed Licensing Location

I hereby Certify that all the information I have given above are true as of the time of signing this application.

_____ _____

Applicant's Signature Date