

CREDIT REPORT FOR BUSINESS LICENSE

Date _____

For County License _____ **For State License** _____

PLEASE COMPLETE IF REQUEST IS FOR A REPORT ON BUSINESS

Fla Dept of Professional Regulations states that the report **MUST** be on company if corporation or partnership. **MUST** be on applicant if applying as an individual or proprietorship.

If application is being made for a new business license, a credit report must be sent to the State Licensing Board and to the County Planning & Zoning Department.

Complete Name of Business that the credit report is to be processed on

Physical and Mailing Address of Business

Officers of Business (if applicable): President _____

Secretary/Treasurer _____

Vice President _____

In Business since _____ Date of Corporation _____

Federal ID# or Tax ID# _____ Business Phone # _____

BUSINESS CREDIT REFERENCES: (include address/phone number/acct #)

1. _____

2. _____

3. _____

4. _____

PLEASE CHECK ONE

_____ MAIL REPORT TO: _____

ADDRESS _____

_____ PICK-UP (Date called for Pick-Up _____)

Charge for Service _____ Paid by Check _____ Cash _____