

CREDIT REPORT FOR BUSINESS LICENSE **Date**_____

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

PLEASE COMPLETE IF REQUEST IS FOR A REPORT ON AN INDIVIDUAL

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 Person that the credit report is to be processed on

Physical and Mailing address

Former Address (if at current address less than two (2) Years

Name of Business/Employer

Social Security # of applicant _____ DOB of applicant _____

PLEASE CHECK ONE.....

____ MAIL REPORT TO: _____

ADDRESS _____

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

Charge for Service _____ Paid by Check _____ Cash _____