



**STATEMENT OF OWNERSHIP AND/OR PERMISSION TO USE PLACE OF BUSINESS**

*(Please Print)*

**YOUR BUSINESS**

Business Name (DBA)		Phone No. (Include Area Code) (     )
Business Address		
City	State	Zip Code

**OWNER OF PROPERTY *(This section must be filled out)***

Name of Property Owner		Phone No. (Include Area Code) (     )
Owner Mailing Address		
City	State	Zip Code
Number of Years or Months Owned?	Is this property zoned for business use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own your business property? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE NOTE:**

Whether you own or are leasing your business property, it is your responsibility to be in compliance with all state and local laws and regulations, while being considered for registration and while conducting your business.

**LEASING INFORMATION *(If you are leasing, please complete the following section)***

Print the name the lease is in	Phone No. (Include Area Code) (     )
Business Address	<u>Must</u> have at least six-month lease Expiration Date    /    /

**SUB-LEASING INFORMATION *(If you are sub-leasing, please complete the following section)***

Print the name the sub-lease is in	
Business Address	<u>Must</u> have at least six-month lease Expiration Date    /    /

**PLEASE ATTACH ADDITIONAL PAGES, IF NEEDED.**

If any of the leases will expire in the next six months, you must provide a letter from the **owner or lessor** stating the intention to renew that lease. If you do not provide this information with your application, the application will be **denied**.

**CERTIFICATION *(To be completed by owner/partner/officer)***

**False statements on this application are punishable by law and may result in denial, suspension or revocation of your business certificate(s), as authorized by Regulations of the Commissioner of Motor Vehicles.** I certify that I am the owner, partner, officer or agent of the business named on this application, and that the information in this application is true.

Full Last Name of Applicant (Please Print)	First	M.I.	Date of Birth (Month/Day/Year) /    /
Residence Street Address (Include Street Number and Name, Rural Delivery, Box and/or Apartment Number)			
City	State	Zip Code	
Signature of Applicant (Sign name in Full) ▶			Date
Title of Applicant			