

CITY OF ORANGE CITY
INDEPENDENT OPERATOR APPLICATION

Date Social Security #/or Federal I.D. # _____

Current Place of Employment _____

Business Street address _____

Business Phone _____ Home Phone _____

Your Name _____
(as it appears on your state license)

Email address: _____

Your mailing address _____

City _____ State _____ Zip _____

Your Signature _____

Please attach a copy of your State license

FOR CITY USE ONLY

Date Tax Receipt Issued: _____ Tax Amount _____

License Code _____

Cross reference: _____