

How long at above address: _____ If less than one year, previous address: _____

Date and place of birth: ____/____/____ City _____ County _____ State _____

Name and address of nearest living relative: _____

Are you in debt or obligated to this City? _____

Ever had a bond revoked? _____

Give three references (include one bank):

Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____
Name: _____	Address: _____	Phone: _____

I hereby certify that all information given above is true and accurate.

Signature: _____	Date: _____
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State of _____
County of _____

On this day ____ of _____, 20 ____, before me personally appeared _____, know to me to be the individual described in and who executed the foregoing and acknowledged to me that he executed the same.

My commission expired

Notary Public

****Please note, this document must be signed in front of a Notary of Public or it will not be accepted.****

Comments:

BUSINESS OFFICE USE ONLY:

Department Approval:		
Community Development: _____	Public Works: _____	Police: _____
Fire: _____	Health Department: _____	Utilities: _____
Occupancy Permit #: _____	Date Issued: _____	
Application Approved: _____	Denied: _____	By: _____
Conditions of Issuance: _____ _____		