



LICENSE APPLICATION

LICENSE TYPE: _____

GENERAL INFORMATION

1. Name of Applicant	6. Main Office address	
2. Commercial Name (D.B.A.)	7. Mailing Address	
3. Organization Type	8. Estimated number of persons to be employed	
4. Place of Incorporation: 5. Telephone Number	9. If applicant is an individual indicate residential address	
10. If applicant is a corporation, please provide the following information for its officers and Board of Directors.		
Name	Address	Position

11. Name and address of the resident agent.

12. Provide the following information for stockholders who own 10% or more of the voting stock of the company. If the applicant is a subsidiary, indicate the name of the holding company and the information of its stockholders.

Name	Address	No. of shares and % owned

13. If applicant is a partnership indicate the following information for each partner:

Name	Address	Title

ADDITIONAL INFORMATION

14. Have you or any person mentioned in this application had a license denied, suspended or revoked in Puerto Rico or any other jurisdiction? If yes, please furnish details.

15. Have you or any person mentioned in this application had a license, certification or authorization denied, suspended or revoked by any federal agency? If yes, please furnish details.

16. Have you or any person mentioned in this application ever been convicted of a felony? If yes, please furnish details.

17. Describe applicant's experience in this or any other type of business. If a corporation or partnership you may provide a resume for principal officers and directors or partners.

18. Indicate present relationship with other organizations.

19. Provide the following information for senior management including the general manager or person in charge of the office for which this license is requested.

Name	Title	Business Address

INFORMATION RELATED TO THE OFFICE OR BRANCH TO BE ESTABLISHED

20. Indicate physical address of the office or branch where business will be conducted.

21. Indicate other businesses which will be conducted at applicant's premises or at other locations.

Business Type	Location

I, _____ do solemnly swear that the foregoing answers and statements, together with those in all exhibits attached hereto, have been knowingly made by me and that the same are true and correct, and that I have not omitted to state any material fact bearing upon such matters.

Given under my hand this _____ day of _____ of _____.

Authorized Person

Signature

Include a Corporate Resolution certified by the secretary of the corporation indicating that the signer of this application is an authorized officer.

AFFIDAVIT NUMBER _____

Subscribed and sworn before me by _____

of legal age and resident of _____

personally known to me this ____ day of _____ of _____.

At _____.

STAMP

Notary

If notary is a resident of another State or jurisdiction a certification from such State or jurisdiction must be included indicating the expiration date of his/her commission.