

COMMONWEALTH OF PUERTO RICO

PROVISIONAL PATENT APPLICATION MUNICIPALITY OF: CAGUAS
 FOR CALENDAR YEAR 20__ BEGINNING _____ 20__ AND ENDING _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

TYPE NORMAL <input type="checkbox"/> EXEMPT <input type="checkbox"/> % _____		FISCAL YEAR	PHONE NUMBER	EMPLOYER IDENTIFICATION NUMBER	
NAME OF INDIVIDUAL BUSSINESS OR SERVICE OFFICE			MUNICIPAL ID #	S.S. # OF OWNER OR AGENT	
PHYSICAL ADDRESS OF THE OFFICE OR INDUSTRY					ZIP CODE
NATURE OF INDUSTRY OR BUSINESS	TYPE OF ENTITY IND. <input type="checkbox"/> LLC <input type="checkbox"/> CORP. <input type="checkbox"/>	# EMPLOYEES	ANNUAL PAYROLL	DATE ESTABLISHED MONTH: _____ DAY: _____ YEAR: _____	
TAX PAYER NAME OR REPRESENTATIVE			POSITION		
EMAIL ADDRESS					
POSTAL ADDRESS					ZIP CODE
APPLICANT'S ADDRESS					ZIP CODE
LOCATION OF THE PRINCIPAL OFFICE OR INDUSTRY					ZIP CODE

OATH

Applicant's or Authorized Agent Signature: _____

AFF# _____

Sworn and signed before me by _____
 of legal age and resident of _____, _____ personally known to me or
 identified reliable methods, today _____, 20____
 In the city of _____, _____.

NOTARY SEAL

SIGNATURE

OATH'S ADMINISTRATION OFFICER TITLE

OFFICIAL USE	BUSINESS TYPE	COMMENTS
	LOCATION	
	MERCHANT'S REGISTRATION NUMBER	
	DBA	
		_____ SIGNATURE
		_____ OATH'S ADMINISTRATION OFFICER TITLE