COMMON WEALTH OF PUERTO RICO

REQUEST FOR MINICIPAL LICENCING (PATENTE PROVISIONAL)

FOR CALENDAR YEAR 20___ BEGINING _____ 20___ AN D ENDING _____ 20___

MUNICIPALITY OF: CAGUAS

FAVOR DE COMPLETAR LA SIGUIENTE INFORMACION

TYPE NORMAL [ ] EXEMPT [ ] % _____	FISCAL YEAR	PHONE NUMBER	EMPLOYER IDENTIFICATION NUMBER
NEME OF INDIVIDUAL BUSSINESS OR SERVICE OFFICE		MUNICIPAL ID #	SOCIAL SECURITY OWNER OR AGENT
PHYSICAL ADDRESS OF THE OFFICE OR INDUSTRY			ZIP CODE

NATURE OF INDUSTRY OR BUSINESS	TYPE OF ENTITY IND. [ ] LLC [ ] CORP. [ ]	# EMPLOYEES	ANNUAL PAYROLL	DATE ESTABLISHED MONTH: DAY: YEAR:
TAX PAYER NAME OR REPRESENTATIVE			POSITION	
EMAIL ADDRESS				
POSTAL ADDRESS				ZIP CODE
APPLICANT'S ADRESS				ZIP CODE
LOCATION OF THE PRINCIPAL OFFICE OR INDUSTRY				ZIP CODE

OATH

APPLICANT 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

_____ Title of the Officer adminitering Oath

OFFICIAL USE	TYPE OF BUSSINESS	COMMENTARIES
	LOCATION	
	MERCHANTS REGISTRATION NUMBER	_____ SIGNATURE / _____ TITLE OF THE OFFICER ADMINITRATION OATH
	DBA	