



**CITY OF AKRON
DAY LABOR TEMPORARY EMPLOYMENT
AGENCIES LICENSE**

(Please Print)

BUSINESS NAME: _____

BUSINESS LOCATION: _____

SOLE PROPRIETORSHIP _____ **PARTNERSHIP** _____ **CORPORATION** _____

NAME OF APPLICANT: _____

TITLE OF APPLICANT: _____

ADDRESS OF APPLICANT: _____ **PHONE #** _____

IF PARTNERSHIP OR CORPORATION, OFFICERS/PARTNERS:

NAME

ADDRESS **PHONE #** **TITLE**

NAME

ADDRESS **PHONE #** **TITLE**

NAME

ADDRESS **PHONE #** **TITLE**

THE UNDERSIGNED STATES THAT ALL THE ABOVE INFORMATION IS TRUE. THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF THE LICENSING ORDINANCE AND UNDERSTANDS THE PROVISIONS THERE.

Signature of Applicant

Date

**MAKE CHECK PAYABLE TO:
CITY OF AKRON
TREASURY/LICENSE DIVISION
161 S HIGH STREET, SUITE #200
AKRON OHIO 44308
Phone: (330) 375-2484 Fax: (330) 375-2221**