

**CITY OF ORANGE CITY**  
**INDEPENDENT OPERATOR APPLICATION**

\_\_\_\_\_  
Date Social Security #/or Federal I.D. # \_\_\_\_\_

Current Place of Employment \_\_\_\_\_

Business Street address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Your Name \_\_\_\_\_  
(as it appears on your state license)

Email address: \_\_\_\_\_

Your mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Signature \_\_\_\_\_

**Please attach a copy of your State license**

FOR CITY USE ONLY

Date Tax Receipt Issued: \_\_\_\_\_ Tax Amount \_\_\_\_\_

License Code \_\_\_\_\_

Cross reference: \_\_\_\_\_