



DANIEL HARRIGAN, MAYOR

**CITY OF AKRON
DAY LABOR TEMPORARY EMPLOYMENT
AGENCY 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
166 S HIGH STREET, ROOM 505
AKRON OH 44308
Phone: (330) 375-2484 Fax: (330) 375-2221**