

DEPARTMENT OF INSPECTIONS, PERMITS, AND LICENSES
444 South Fifth Street, Suite 200
Louisville Kentucky 40202-4314
502-574-3321

APPLICATION FOR VENDOR ID

INTENT TO LEASE/HIRE

I, _____, acting as an authorized agent for _____
do hereby state our intent to (Hire/Lease to) _____

if permit for same is approved by the Louisville Metro, Department of Inspections, Permits and Licenses.

_____ Date _____ Signature of Company Agent _____
_____ Agent's Title _____

Applicant's Name _____
Company _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ SSN _____
DOB _____ Sex _____ Height _____ Weight _____
Hair Color _____ Eye Color _____
Driver's License State _____ License # _____ Expiration Date _____
Country of Birth _____ NATIONALITY _____
U.S. Citizen Yes No USCIS Work Authorization Number _____

For Office Use Only

Contact Vendor Contractor Trade
Number **AC** _____ Number _____ License _____
Revenue Commission Number _____

I HEREBY AFFIRM THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION, OR OMISSION OF ANY INFORMATION ASKED FOR ON THIS APPLICATION WILL RESULT IN DENIAL OF MY APPLICATION. OR, IF DETECTED LATER, THE INVALIDATION OF ANY ISSUED PERMIT.

Applicant _____ Date _____

I _____, a Kentucky Notary Public State at Large, for
acts performed in Kentucky for recordation in any state; my commission expires _____.