

NON-CONCESSIONAIRE RENTAL CAR OPERATIONS NON-EXCLUSIVE LICENSE AGREEMENT APPLICATION

1. Reason for Form : \square New App	ilication Business Name Change	
2. Type of Business: (check and c	omplete <u>one</u> only)	
□ Individual/Sole Proprietor	First Name:	Last Name:
□ Partnership	Partner 1 – First Name	Last Name:
	Partner 2 – First Name	Last Name:
	Partner 3 – First Name	Last Name:
☐ Limited Liability Company (LLC)/Limited Partnership	Name:	
□ Corporation (Inc.)	Name:	
3. Operating Name/Doing Busin Business Name:	ess As (DBA):	
Business Location Address:		
City:	State:	Zip:
4. Company Contact (Contract Is	ssues):	
Contact Name:	Title:	
Address:		
City:	State:	Zip:
Phone No.:	Email:	
5. Authorized Signer:		
•	rtifies all information on this form is tr s immediately of any changes to the in	rue and correct. The undersigned agrees to formation on this form.
Authorized Signature:	Date:	
Print Name:	Title:	
Office Use: Date Received Staff Initial	s: Date Reviewed: Staf	ff Initials: