



City of Auburn  
Home of Auburn University

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**Individual Occupational License Registration**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

Home #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REGISTRATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE. MY SIGNATURE INDICATES THAT I TAKE FULL RESPONSIBILITY FOR THIS REGISTRATION AND ANY TAX LIABILITY THAT MIGHT OCCUR.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

Ref: City of Auburn Ord. No. 416 and Amendment Ord. No. 1676, 2641, 2653