



LICENSE AGENT APPLICATION

APPENDIX A

APPLICATION FOR APPOINTMENT AND EFT AUTHORIZATION

FOR OFFICE USE ONLY

Agent ID: _____
Date Trained: _____
District: _____

SECTION 1 Please complete this section if this business is a corporation.

CORPORATION NAME: _____ FEDERAL TAX ID: _____
PRIMARY CONTACT: _____ TELEPHONE: (_____) _____
EMAIL: _____

This Corporation has multiple store locations and each store location has the same banking information.

- Yes** Skip to Section 3 Electronic Funds Authorization below and complete Appendix B.
- No** Each store location must complete Section 2 and Section 3 of this application.

SECTION 2 **Sole Proprietorship** **Partnership (Appendix C)** **d.b.a./Subsidiary**

BUSINESS NAME / d.b.a.: _____ FEDERAL TAX ID: _____
PRIMARY BUSINESS CONTACT: _____ TELEPHONE: (_____) _____
EMAIL: _____

▼ BUSINESS ADDRESS

STREET (no P.O. boxes) _____

CITY _____ STATE _____ ZIP CODE _____

COUNTY (if in Ohio) _____ BUSINESS TELEPHONE _____

▼ MAILING ADDRESS SAME AS BUSINESS ADDRESS

STREET _____

CITY _____ STATE _____ ZIP CODE _____

SECTION 3 Electronic Funds Authorization (A voided check or bank certification must be attached)

BANK NAME: _____ BANK TELEPHONE: (_____) _____
TYPE OF ACCOUNT: CHECKING SAVINGS
BANK ACCOUNT NUMBER: _____ ROUTING NUMBER: _____

CERTIFICATION

I _____ am authorized to sign or act on behalf of the business identified on this form. I certify that the information contained on this application and on Appendix B (when applicable for corporations), is true and correct. I authorize credit reporting agents to provide the Division of Wildlife with information necessary for accessing the credit worthiness of this business.

I also authorize the State of Ohio, Ohio Department of Natural Resources, Division of Wildlife, to withdraw funds at least every 7 calendar days from the above referenced account for payment of sales of license system products as indicated in the License Issuance & Game Check Contract.

SIGNATURE

DATE

