



APPLICATION FOR PERMIT

PERSONAL INFORMATION

NAME: [REDACTED] ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

DATE OF BIRTH: [REDACTED] GENDER: [REDACTED] MARITAL STATUS: [REDACTED]

EDUCATION: [REDACTED] OCCUPATION: [REDACTED]

CONTACT INFORMATION

PHONE: [REDACTED] EMAIL: [REDACTED]

DECLARATION

I hereby declare that the information provided is true and correct.

SIGNATURE: [REDACTED] DATE: [REDACTED]

Business Company

1111 DICE

Month	Revenue	Profit	Growth
Jan	100,000	20,000	+10%
Feb	120,000	24,000	+12%
Mar	150,000	30,000	+15%
Apr	180,000	36,000	+18%
May	200,000	40,000	+20%
Jun	220,000	44,000	+22%

2
9
16
23
30

Customer Service

Month	Revenue	Profit	Growth
Jan	100,000	20,000	+10%
Feb	120,000	24,000	+12%
Mar	150,000	30,000	+15%
Apr	180,000	36,000	+18%
May	200,000	40,000	+20%
Jun	220,000	44,000	+22%