



APPLICATION FOR TRANSFER OF LICENSE

This form must be completed and submitted to PPRAQ along with a check for \$100 made payable to Broward County Board of County Commissioners.

LICENSE# _____ DATE ISSUED _____ DATE EXPIRES _____

NOTIFICATION OF SALE OR LEGAL TRANSFER

FACILITY NAME: _____

FACILITY LOCATION: _____

LICENSE NAME: _____

MAILING ADDRESS: _____ TELEPHONE: (____) _____

The undersigned hereby notifies the PPRAQ of the sale or legal transfer of this facility. He/she further agrees to assign his/her rights as licensee to the applicant in the event the PPRAQ agrees to the transfer of license

Authorized Signature of Licensee / Applicant _____ Print Name and Title _____ Date _____

Sworn to and subscribed before me at _____ County, _____, this _____ day of _____, 20 _____.

State of: _____

My Commission Expires: _____

Notary Public _____ Date _____
[] Personally known OR [] Produced Identification Type of Identification Produced _____

REQUEST FOR TRANSFER OF LICENSE

FACILITY NAME: _____

APPLICANTS NAME: _____ TITLE: _____

MAILING ADDRESS: _____ TELEPHONE: (____) _____

PROJECT ENGINEER: NAME: _____

MAILING ADDRESS: _____ TELEPHONE: (____) _____

The undersigned hereby notifies the PPRAQ of his/her having acquired title to or license responsibility of this facility. He/she further states that he/she has examined the application and documents submitted by the current licensee, the basis on which License # _____ was issued by the PPRAQ, and states that they accurately and completely describe the licensed activity or project. He/she further states that he/she is familiar with the license, agrees to comply with its terms and conditions, and agrees to assume the rights and liabilities contained therein. He/she also agrees to promptly notify the PPRAQ of any future change in ownership of, or responsibility for, the licensed activity or project.

Authorized Signature of Licensee / Applicant _____ Print Name and Title _____ Date _____

Sworn to and subscribed before me at _____ County, _____, this _____ day of _____, 20 _____.

State of: _____

My Commission Expires: _____

Notary Public _____ Date _____
[] Personally known OR [] Produced Identification Type of Identification Produced _____