



## APPLICATION FOR LICENSE FOR DISABLED INDIVIDUALS SHELTERED WORKSHOP

**PLEASE RETURN FORM AND A COPY OF YOUR FEDERAL CERTIFICATE  
TO THE ABOVE ADDRESS.**

NAME OF SHELTERED WORKSHOP \_\_\_\_\_

ADDRESS OF SHELTERED WORKSHOP \_\_\_\_\_

EMAIL ADDRESS OF SHELTERED WORKSHOP \_\_\_\_\_

PHONE NUMBER OF SHELTERED WORKSHOP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

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**FOR DIVISION USE ONLY:**

Original Granted Date: \_\_\_\_\_

Renewal Denied Date: \_\_\_\_\_

ADDITIONAL INFORMATION REQUIRED \_\_\_\_\_

APPROVED RATE \_\_\_\_\_