



Department of Commerce

Division of Industrial Compliance
& Labor

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John R. Kasich, Governor
David Goodman, Director

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 _____

FOR DIVISION USE ONLY:

Original Granted Date: _____

Renewal Denied Date: _____

ADDITIONAL INFORMATION REQUIRED _____

APPROVED RATE _____