

CITY OF BRAWLEY
FINANCE DEPARTMENT
400 MAIN STREET
BRAWLEY, CA 92227
PH (760) 344-1550



BUSINESS LICENSE APPLICATION

NEW LICENSE ____ CHANGE IN LOCATION ____ CHANGE IN OWNER ____ CHANGE IN NAME ____

Note: This is an **application only** and not a license to conduct business.
Fill out this form in its entirety. Incomplete applications will not be accepted.

Business Name _____

Business Owner: _____

Business Address _____ City _____ State _____ Zip Code _____
(Provide an address where the applicant(s) for the business license consents to receive service of process as required by Cal. Bus. & Prof. Code § 16000.1(a)(2). This address shall be available for public inspection.)

Business Phone (_____) _____ Contact _____

Business Location Address _____ City _____ State _____ Zip Code _____
(If different than the address provided above.)

If Change in location, previous address _____ City _____
State _____ Zip _____

Type of Business _____

Hotel/Motel (Number of Rooms) _____ Beauty Shop (Number of Operators) _____

Barber Shop (Number of Chairs) _____ Restaurant (Number of Seats) _____

[The information on this page of the application is subject to public inspection pursuant to the Public Records Act]

[The information provided on this page of the application is confidential and not subject to inspection pursuant to the Public Records Act, pursuant to Cal. Bus. & Prof. Code § 16000.1(a)(3).]

Applicant's Residence Address: _____

City _____ State _____ Zip _____

Applicant's Mobile or Home Phone (____) _____

Name of Property Owner Where Business to be Conducted _____

Property Owner's Phone (____) _____

Ownership Status: Individual _____ Partnership _____ Corporation _____ Non-profit _____

The following forms of Identification are acceptable: 1) Social Security Number; 2) California driver's license number; 3) California Identification Card Number; or 4) Individual Taxpayer Identification Number.

List of owners/partners/officers:	Identification Number:	Type of Identification
1.	_____	_____
2.	_____	_____
3.	_____	_____

In case of emergency, notify _____ Phone: (____) _____

Is your business is Home Occupation? Yes _____ No _____ If yes, read and sign attach supplemental and attach to this application.

I certify under penalty of perjury, that the above information is true and accurate and complete to the best of my knowledge. I also certify that I will notify the City of Brawley of any changes in the information submitted herein.

Signature _____ Title _____