

CITY OF BRAWLEY
FINANCE DEPART
400 MAIN STREET
BRAWLEY, CA 92227
(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 Address _____ City _____ State _____ Zip _____

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

Mailing Address _____ City _____ State _____ Zip _____

Business Phone (_____) _____ Contact _____

Name and address of Applicant _____

Name of Property Owner _____ Home Phone (_____) _____

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

<u>List of owners/partners/officers:</u>	<u>Drivers License No.</u>	<u>Soc. Sec. No.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

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

Type of Business _____

Hotel/Motel (Number of Rooms) _____ Beauty Shop (Number of Operators) _____ Barber Shop (Number of Chairs) _____
Restaurant (Number of Seats) _____

Federal Identification Number _____ Social Security No. _____

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 _____ Date _____