

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 \_\_\_\_\_