

City of Brawley

Finance Department
400 Main Street
Brawley, CA 92227
(760)344-1550 | (760) 344-1551
businesslicense@brawley-ca.gov



BUSINESS LICENSE INFORMATION UPDATE FORM

Instructions: This form is required for the successful renewal of your business license. Form must be completed and signed. Unsigned forms will not be processed. **Please return completed form with your Business License Renewal and/or Affidavit Letter.**

If you need assistance completing this form, give us a call at (760)-344-1550. Office hours are from Monday to Friday from 8:00 am to 5:00 pm or by email to businesslicense@brawley-ca.gov.

BUSINESS GENERAL INFORMATION

BUSINESS NAME		NATURE OF BUSINESS (Retail, Food Sales, Hotel)	
BUSINESS PRIMARY CONTACT		BUSINESS RELATIONSHIP	OWNER <input type="checkbox"/> PARTNER <input type="checkbox"/> OTHER <input type="checkbox"/>
BUSINESS ADDRESS		SSN/FEIN	
MAILING ADDRESS			
PHONE NUMBER (1)		PHONE NUMBER (2)	
EMAIL		CELL PHONE (3)	
TYPE OF BUSINESS	INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON- PROFIT <input type="checkbox"/> OTHER <input type="checkbox"/>		

SECONDARY CONTACT INFORMATION

CONTACT NAME (1)		PHONE NUMBER (1)	
MAILING ADDRESS		PHONE NUMBER (2)	
EMAIL		CELL PHONE (3)	
BUSINESS RELATIONSHIP	OWNER <input type="checkbox"/> PARTNER <input type="checkbox"/> OTHER <input type="checkbox"/>		

BUSINESS LICENSE SERVICE PREFERENCES

SERVICE NOTIFICATIONS	WOULD YOU LIKE TO RECEIVE TEXT NOTIFICATIONS? CHARGES MAY APPLY, CHECK WITH YOUR CARRIER.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	WOULD YOU LIKE TO RECEIVE EMAIL NOTIFICATIONS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
SERVICE STATEMENTS	HOW WOULD YOU LIKE TO RECEIVE YOUR STATEMENT?	PAPER <input type="checkbox"/>	EMAIL <input type="checkbox"/>	_____ BOTH <input type="checkbox"/>

SIGNATURE: _____	TITLE _____	DATE: _____