

Year \$ 60.00
Per Qtr. \$ 15.00



City of Westmorland
355 South Center Street Post Office Box 699
Westmorland, California 92281
Tel. (760) 344-3411 Fax. (760) 344-5307

BUSINESS LICENSE APPLICATION

- A. _____ Change of Business
- B. _____ Change of Ownership
- C. _____ Change of Operator
- D. _____ Change of Address
- D. _____ (old address)
- E. _____ New Business Describe intended business: _____

Name of Applicant _____
Business Address _____
Mailing Address _____
Phone No. _____ Alternative No. _____
Date Opening in Westmorland _____
Last Previous Business on Property? _____

Subcontractors/other business not located in Westmorland

Business/Company Name _____
Type of Business _____
Contractor State License # _____
Business Physical Address _____
Mailing Address _____
Phone No. _____ Alternative No. _____

Ownership of Business:
_____ Single Ownership List Names of Partners: Contact No.
_____ Partnership _____
_____ Corporation _____

I declare under penalty of perjury that the statement made herein are true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Place Pink Carbon Copy Here