

Year \$ 60.00



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: _____