



City of Westmorland
Business License Application

Utility Department
355 South Center Street Westmorland CA. 92281
Phone (760) 344-3411 / Fax (760) 344-5307
Email: info@cityofwestmorland.net

[] Year \$60.00

(Please selection the following and fill out the appropriate sections below.)

- a) New Business []
- b) Change of Business []
- c) Change of Ownership []
- d) Change of Operator []
- e) Change of Address []
- f) Other Changes (please list below) []

Business Information

Describe intended business: _____

Name of Business: _____

Contractor State License Number: _____

Name of Applicant _____

Business Address

Mailing Address (If different from physical address.)

Phone Number: _____ Ext: _____ Alternative Phone: _____

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 Number: _____

Physical Address:

Mailing Address (If different from physical address.)

Phone: _____ Ext: _____ Alternative Phone: _____

Ownership of Business

Single Ownership

Partnership

Corporation

List Names of Partners:

1. _____

a. Contact: _____

b. Email: _____

2. _____

a. Contact: _____

b. Email: _____

3. _____

a. Contact: _____

b. Email: _____

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

Applicant Signature: _____ Date: _____

Office Use

Business License No. _____

Notes:

Employee Initial: _____ Date: _____