Business Name: _____

Business Address: _____

Owner's Name: _____

Owner's Address: _____

☐ New

☐ Amendment/Transfer of business location

Location Sketch of Business Establishment

Sketched by: _____

Signature over Printed Name of Owner/Authorized Representative

Date start of business operation: _____ (MM/DD/YYYY)

Necessary information during on-site inspection of business establishment:

Contact Person: _____