



BUSINESS DIVISION

NOTIFICATION TO THE ASSESSOR OF BUSINESS IN SAN BERNARDINO COUNTY:

Location of Business:

Street Address *Unit or Suite Number*

City *Zip Code*

Start date at this location () *Phone Number*

Mailing Address:

Street Address *Unit or Suite Number*

City *State* *Zip Code*

Business Type:

Retail Wholesale Manufacturer Service-Professional

Ownership Type:

Proprietorship Partnership Corporation Other

Full Legal Name:

Last, First, Initial or Corporation Name

Partner or Co-Owner:

Last, First, Initial or Corporation Name

Doing Business As (DBA):

Name in which you are doing business as

Signature of Owner, Partner, or Officer

Date