

Business Modification Form

\_\_\_\_\_, will no longer operate \_\_\_\_\_  
*(Business Name)* *Vehicle License Plate #*

The last day of operation was/will be \_\_\_\_\_ .  
Date

\_\_\_\_\_  
Signature Date

Contact Information:

\_\_\_\_\_  
*Name & Title of Signer*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State & Zip Code*

\_\_\_\_\_  
*Phone*

Imperial County Public Health Department, Environmental Health Division  
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