

### 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  
797 Main Street, Suite B, El Centro CA 92243  
Phone: (442) 265-1888 Fax: (442) 265-1903  
[www.icphd.org](http://www.icphd.org)