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	NO	TE: ENTIRE FORM	MUST BE COMPLETED TO B	BE PROCESSED
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xecuted in		-	, California on	Date
hat all necessa	ry land use per	mits, building permits		est of my knowledge and belief true d by law have been or will be secur ication.
		PLEAS	E READ AND SIGN BELOW	
Iailing Addres	s:		Mailing Address:	
Fax ID Number: Business Phone: Emergency Contact: Emergency Phone:			Emergency Contact: Emergency Phone:	
		Business Phone		
<i>Old</i> Business A <i>Old</i> Business Des City/ State/ Zip:	ddress:		New Business addres New Business Descript City/State/Zip:	55:
Dld Business N	ame.		<i>New</i> Business Name	
		973-2609 Fax: (925)	866-1436	□ Change of Address