

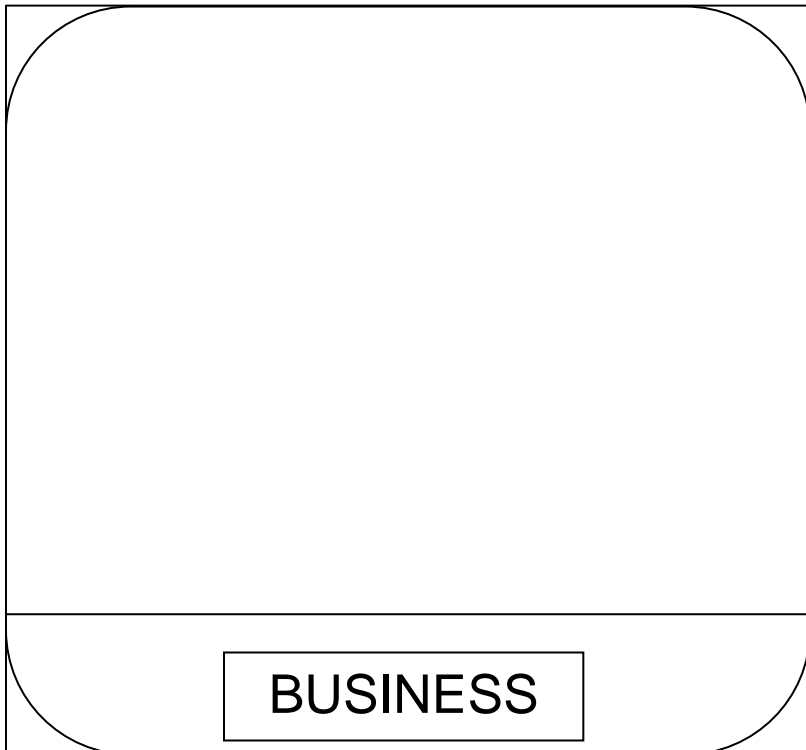
# County Registration

## Pest Control Business

Registration Fee: \$ \_\_\_\_\_  
Business Location: ☐Main ☐Branch

For Registration in the County of \_\_\_\_\_

Registration Expiration Date: **December 31, 20**\_\_\_\_\_



Business License Number \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Qualified Applicator Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Fax \_\_\_\_\_

Qualified Applicator's Signature \_\_\_\_\_

Date \_\_\_\_\_

Agricultural Commissioner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Main Area of Work: ☐Eastside ☐Westside ☐Both  
(Eastside: area east of HWY 99 / Westside: area west of HWY 99)