



BUSINESS LICENSE COMPLAINT

Your Name: _____ Daytime Phone No.: _____

Your Address: _____

Name of Business: _____

Business Owner or Operator: _____

Address of Business: _____

Cross Streets, if applicable: _____

Date(s) & Time(s) of Occurrence: _____

Did you notify owner of business? Yes No Did you notify operator of business? Yes No

Reason for Complaint (use other side of form if more space is required):

Please attach any documentation (e.g. photos with date and time taken) to support this complaint.

Any witnesses besides yourself (please name):

_____ Phone #: _____

Other Departments notified: _____

Name & phone # of other department contact: _____

I declare under penalty of perjury that the forgoing is true and correct.

Signature: _____ Date: _____

PLEASE EMAIL COMPLETED FORM TO buslic@edcgov.us OR DELIVER TO THE ADDRESS AS NOTED ON THE TOP RIGHT OF THIS FORM. THANK YOU.

Received by: _____ Date: _____
Follow-up actions