



## Declaration of Business Activities or Non Operation

Owner/Partner/Corporate Officer Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please initial each statement that applies and enter additional information as indicated:**

\_\_\_\_\_ I am not operating in any capacity for which licensing/registration is required by the Bureau of Household Goods and Services (BHGS).  
Please describe the nature of your business:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I hold a valid license/registration - my number is: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I declare under penalty of perjury that the above is correct, to the best of my knowledge. I understand that operating without the proper license/registration is a violation of the law and I agree to meet the license/registration requirements if I perform the function of any of the above listed classifications.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed/Printed Name

Mail to: BHGS  
4244 S. Market Court, Suite D.  
Sacramento, CA 95834  
Fax: (916) 923-0642