



# CHANGE OF PHYSICAL LOCATION

BUSINESS LICENSE NUMBER		EXPIRATION DATE			
BUSINESS NAME					
TYPE OF BUSINESS (Computer Manufacturing, Food Sales, Physician, etc.)					
NEW STREET ADDRESS (Cannot be a P.O. Box)		SUITE	CITY	STATE	ZIP
NEW MAILING ADDRESS		SUITE	CITY	STATE	ZIP
NEW PHONE	NEW FAX	NUMBER OF EMPLOYEES		DATE OCCUPIED AT NEW LOCATION	
PREVIOUS STREET ADDRESS		SUITE	CITY	STATE	ZIP

**NOTE:** If you have moved your Irvine home-based business to another residential location in Irvine, you must also complete a new Home Occupation Application.

### BUSINESS DESCRIPTION:

- Have there been any changes in the legal make up or ownership of the business?  YES  NO  
If yes, please complete a new Irvine Business License application online at [cityofirvine.org/newlicense](http://cityofirvine.org/newlicense) and (if applicable) a Home Occupation Application. Please call our office for application(s) to be mailed or emailed to you.
- The business for which this license is requested intends to occupy space at the stated location. The approximate square footage of the premises is \_\_\_\_\_.

#### CHECK ONE:

- PHYSICAL CHANGES HAVE BEEN MADE to the premises and/or I intend to make changes. The Building Permit or Plan Check number(s) are: \_\_\_\_\_.
- NO PHYSICAL CHANGES have been made to the premises. I will not make any future modifications to the building without notifying the City of Irvine. I am aware of the requirement to obtain an approved Building Permit from the City prior to making any physical modifications to the premises.

**I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM AUTHORIZED TO MAKE THIS STATEMENT AND THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
DATE