



## CHANGE OF BUSINESS NAME, PHYSICAL LOCATION, OR MAILING ADDRESS

BUSINESS LICENSE NUMBER	EXPIRATION DATE

### CHANGE OF NAME

PREVIOUS BUSINESS NAME	
NEW BUSINESS NAME	FEIN

### CHANGE OF LOCATION

If your business has moved to a new residential location in Irvine, complete a Home Occupation Application (Form 40-27).

PREVIOUS STREET ADDRESS	SUITE	CITY	STATE	ZIP
NEW STREET ADDRESS (Cannot be a P.O. Box)	SUITE	CITY	STATE	ZIP

### CHANGE OF MAILING ADDRESS

PREVIOUS MAILING ADDRESS	SUITE	CITY	STATE	ZIP
NEW MAILING ADDRESS	SUITE	CITY	STATE	ZIP

### CHANGE OF ADDITIONAL INFORMATION

NEW PHONE	NEW FAX
NUMBER OF EMPLOYEES	EFFECTIVE DATE OF CHANGE

#### **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 Business License Application at [cityofirvine.org/newlicense](http://cityofirvine.org/newlicense) and (if applicable) a Home Occupation Application. Please contact the Business License office at 949-724-6310 or email at [businesslicense@cityofirvine.org](mailto:businesslicense@cityofirvine.org) for further information.

**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