



CHANGE OF BUSINESS NAME, PHYSICAL LOCATION, OR MAILING ADDRESS

BUSINESS NAME	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 and (if applicable) a Home Occupation Application. Please contact the Business License office at 949-724-6310 or email at 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