



BUSINESS LICENSE CHANGE FORM

PROCESSING CHARGE: \$47.79 - Change of Physical Location
\$68.57 - Change of Business Name; Change of Mailing Address

BUSINESS NAME	BUSINESS LICENSE#	EFFECTIVE DATE OF CHANGE

CHANGE OF BUSINESS NAME **PAID**

PREVIOUS BUSINESS NAME

NEW BUSINESS NAME	FEIN <small>(IF CHANGED, MUST SUBMIT NEW BUSINESS LICENSE APPLICATION)</small>

CHANGE OF LOCATION **PAID**

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 **PAID**

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	EMAIL

CHANGE OF ADDITIONAL INFORMATION

NEW PHONE	NEW FAX

NUMBER OF EMPLOYEES	EMAIL

CHANGE OF ADDITIONAL INFORMATION

NEW PHONE	NEW FAX

NUMBER OF EMPLOYEES	EMAIL

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 949-724-7128 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