



CITY OF YORBA LINDA
BUSINESS LICENSE/FINANCE DEPARTMENT
 4845 Casa Loma Avenue
 Yorba Linda, CA 92886
 (714) 961-7145 Fax: (714) 985-9407

Processed by: _____
 Date: _____
**Office Use Only*

Planning Approval:

CHANGE REQUEST FORM

LICENSE INFORMATION

Business Name:	License Number:
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SELECT TRANSACTION TYPE

<input type="checkbox"/> Name Change (business and/or individual)	<input type="checkbox"/> Change Contact Information
<input type="checkbox"/> Officer Change (Corporation)	<input type="checkbox"/> Cancel/Close License
<input type="checkbox"/> Change Business Address (physical/ mailing)	<input type="checkbox"/> Duplicate License Request

\$2.00 fee to be charged to any address change and/or duplicate license. (YLMC Section 5.08.130)

NAME CHANGE

New Business Name _____

Owner Name (new) _____

COROPORATE OFFICER CHANGE

Name: _____	Title: _____	___ Add
		___ Remove
Name: _____	Title: _____	___ Add
		___ Remove

NEW BUSINESS ADDRESS

Street Address _____

City _____	State _____	Zip Code _____
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NEW MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)

Street Address or P.O. Box _____

City _____	State _____	Zip Code _____
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NEW CONTACT INFORMATION

Primary Phone Number _____	Primary Email Address _____
Alternate Phone Number _____	Fax Number _____

CANCEL/CLOSE LICENSE

Closing Date: _____	Will a new owner be taking over business? ___ Yes ___ No
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I declare under penalty of perjury, that the above information is true and correct to the best of my knowledge.

Owner Signature: _____ Date: _____

Print Name: _____ Title: _____