



IRVINE POLICE DEPARTMENT
Regulatory Affairs

BUSINESS LICENSE CHANGE FORM

PROCESSING CHARGE: \$10 - Change of Physical Location
 \$15 - 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

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