



COMMUNITY DEVELOPMENT
Building & Safety

BUSINESS LICENSE CHANGE FORM

PROCESSING CHARGE:

\$85.00 - Change of Physical Location

\$70.45 - Change of Business Name; Change of Mailing Address

BUSINESS NAME	BUSINESS LICENSE#	EFFECTIVE DATE OF CHANGE		
<div><input type="checkbox"/> CHANGE OF BUSINESS NAME<div><input type="checkbox"/> PAID</div></div>				
PREVIOUS BUSINESS NAME				
NEW BUSINESS NAME	FEIN	(IF CHANGED, MUST SUBMIT NEW BUSINESS LICENSE APPLICATION)		
<div><input type="checkbox"/> CHANGE OF LOCATION<div><input type="checkbox"/> PAID</div></div>				
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
<div><input type="checkbox"/> CHANGE OF MAILING ADDRESS<div><input type="checkbox"/> PAID</div></div>				
PREVIOUS MAILING ADDRESS	SUITE	CITY	STATE	ZIP
NEW MAILING ADDRESS	SUITE	CITY	STATE	ZIP
<div><input type="checkbox"/> CHANGE OF ADDITIONAL INFORMATION</div>				
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