



NOTICE OF BUSINESS INFORMATION CHANGE

Complete this form and sign. See *reverse side* for directions. Return form with the required fee (see box at right) to:

FEES	
<input type="checkbox"/> Location Change	\$5.00
<input type="checkbox"/> Name Change	\$1.00

CITY OF MODESTO, Licensing Division, PO Box 3442, 1010 10th St, Suite 2100 Modesto, CA 95353

Current or New Business Name _____ Account # _____
 Previous Business Name _____ Date Name Change Effective _____

Business Description (**Change**) _____
 Other _____

Change of Business Location _____ Modesto, CA 953 _____

Date Location Change Effective _____ Previous Business Location _____

Change of Mailing Address _____ Date Effective _____

Previous Mailing Address _____

Business Phone # _____ **Email Address:** _____

After-hours Emergency Contact (required by Modesto Police Department for Commercial Locations)

Name _____ Phone _____

 Signature Print or Type Name Date

FOR OFFICE USE ONLY

Zoning _____ date _____ Fire _____ date _____ R C O

Before returning this form, did you:

- ✓ Fill in your business name and City of Modesto account number?
- ✓ Fill in all the sections that apply to the business information changes?
- ✓ Fill out a new Home Business Agreement, if your business is home-based in the city limits of Modesto?
- ✓ Sign the form?
- ✓ Enclose the correct fee?

Changes in Ownership

If the business ownership changes, the business license account must be closed and the new owners must apply for a new business license account.