



CITY OF SANTA CRUZ
 Finance Department
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Business License Information Change Request

This form can be used for changes to your City of Santa Cruz Business License Tax account. The Revenue Division will contact you if additional forms or fees are required.

CURRENT ACCOUNT INFORMATION

Business License number (DBA) _____

Business Name _____

Owner Name _____

INFORMATION TO BE CHANGED

Use this form only for the following changes.

Change mailing address to: _____
Include street address, city, state, and zip.

Change location address to: _____
*Include street address, city state, and zip. You may NOT use a PO Box or Private Mailbox as a physical/location address.
 A new Zoning Clearance may be required for new locations within the City. To obtain one, contact the Planning Department at 831-420-5100.*

Change business phone number to: _____

Change email address to: _____

Change owner's contact information to:

Home address: _____
Include street address, city, state and zip

Home phone: _____

Change owner's legal name to: _____
To change ownership structure, e.g. sole proprietorship to corporation, transfer of ownership or removal of partners, a new application is required.

Change Corporate Officers:
Please list the new corporate officer's name, title, home addresses and contact phone numbers using the form on the back.

Officer(s)/Licensee to be removed: _____

I declare under penalty of perjury that the above information is true and correct and that I certify that I am the authorized representative of this business to execute this document. I acknowledge that issuance of this license does not relieve compliance with other regulations under the Santa Cruz Municipal Code and other state and federal laws.

Signature/Title

Print Name

Date

Contact Phone Number

Email

If you checked "Change to Corporate Officer's on the front side of this form, please list the new corporate officer's information below. Name, title, home address, and contact phone number are required for each officer or owner.

NEW CORPORATE OFFICER INFORMATION

1	Owner/Officer Name			Title
	Home Address			Phone
	City	State	Zip	Email (optional)
2	Owner/Officer Name			Title
	Home Address			Phone
	City	State	Zip	Email (optional)