



**County of Sacramento
Department of Finance
Business License Section**

BUSINESS LICENSE CHANGE FORM

LICENSE NUMBER(S) _____

Planning's Review _____

OFFICE USE ONLY

Fee **\$13.00**

Cash ___ or Check # _____

Counter Receipt # _____

CHANGE MADE ON BLS

COMMENT SCREEN UPDATED

Date: _____

Initials: _____

Owner Name(s) _____

Current Business Name _____

New Business Name	_____
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Add Partner(s)

Partner	Name, Complete Address, Phone Number
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Partner	Name, Complete Address, Phone Number
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Partner	Name, Complete Address, Phone Number
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Remove Partner(s)

Partner _____

Partner _____

Change or Add Type of Business or Business Activities (please describe)

New Mailing Address

This form cannot be used to change a business site address. A new application is required because business licenses are not transferable to a new address.

Signature _____

Date _____