CITY OF YORBA LINDA

BUSINESS LICENSE/FINANCE DEPARTMENT

4845 Casa Loma Avenue
Yorba Linda, CA 92886
(714) 961-7145 Fax: (714) 985-9407

CHANGE REQUEST FORM

Processed by: _____
Date: _____
**Office Use Only*

Planning Approval:

LICENSE INFORMATION	
Business Name:	**License Number:**

SELECT TRANSACTION TYPE

- ☐ Name Change (business and/or individual)
- ☐ Officer Change (Corporation)
- ☐ Change Business Address (physical/mailing)-**$2.00 fee**
- ☐ Change Contact Information
- ☐ Cancel/Close License
- ☐ Duplicate License Request

$3.00 fee to be charged to any name change and/or duplicate license. ***(YLMC Section 5.08.130)***

NAME CHANGE
New Business Name
Owner Name (new)

COROPORATE OFFICER CHANGE

Name:_____ Title:_____ ___ Add ___Remove

Name:_____ Title:_____ ___ Add ___Remove

NEW BUSINESS ADDRESS		
Street Address		
City	State	Zip Code

NEW MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)		
Street Address or P.O. Box		
City	State	Zip Code

NEW CONTACT INFORMATION	
Primary Phone Number	Primary Email Address
Alternate Phone Number	Fax Number

CANCEL/CLOSE LICENSE	
Closing Date: _____	Will a new owner be taking over business? _____Yes _____No

I declare under penalty of perjury, that the above information is true and correct to the best of my knowledge.

Owner Signature: _____ Date:_____

Print Name:_____ Title:_____