



**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 <input type="checkbox"/>
COMMENT SCREEN UPDATED <input type="checkbox"/>
Date: _____
Initials: _____

Owner Name(s) _____

Current Business Name _____

New Business Name	_____
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Add Partner(s)	
Partner	Name, Complete Address, Phone Number
Partner	Name, Complete Address, Phone Number
Partner	Name, Complete Address, Phone Number

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 _____