

**CITY OF ANTIOCH
BUSINESS LICENSE
CHANGE FORM**



(for current & active business license only)

DUE BY:	BUSINESS #:
EXPIRE DATE:	CLASS CODE:
	SECURITY CODE:

INSTRUCTIONS:

This form is to be *completed when making changes on your BUSINESS NAME, MAILING ADDRESS, AND BUSINESS ADDRESS ONLY*. New business owners are required to apply for new business license. Any changes to BUSINESS ADDRESS is required to obtain approval by Community Development. A \$25 application fee is required to obtain new business certificate.

THIS FORM IS CONSIDERED INCOMPLETE WITHOUT SIGNATURE AND DATE.

1 CURRENT BUSINESS NAME		2 NEW BUSINESS NAME	
3 CURRENT BUSINESS ADDRESS		4 NEW BUSINESS ADDRESS (NO PO BOX)	
5 CURRENT MAILING ADDRESS		6 NEW MAILING ADDRESS	
7 OWNER'S NAME & PHYSICAL ADDRESS (NO PO BOX, STATE REQUIREMENT)		8 CONTACT NAME & ADDRESS	
9 BUSINESS PHONE	10 FAX NUMBER	11 EMAIL ADDRESS	
12 BUSINESS DESCRIPTION			
13 OWNER'S PHONE #		14 CONTACT PHONE #	
15 OWNER'S EMAIL ADDRESS		16 CONTACT'S EMAIL ADDRESS	
17 OWNER TYPE (Sole Proprietorship, Partnership, CORP, Trust)		18 OWNER'S SSN	19 OWNER'S DRIVER'S LICENSE #
20 SELLER'S PERMIT# (COPY REQUIRED)		21 HOME OCCUPATION# (COPY REQUIRED)	
22 MESSAGE CERTIFICATION # (COPY REQUIRED)		23 MESSAGE CERTIFICATION EXPIRATION DATE	
24 FED ID#	25 STATE ID#	26 NUMBER OF VEHICLES (IF APPLICABLE)	27 NUMBER OF CARD TABLES (IF APPLICABLE)
28 PROCESSING FEE \$25.00		29 TOTAL AMOUNT DUE \$25.00	
OFFICE USE ONLY DATE: _____ RECEIPT#: _____		OFFICE USE ONLY PLANNING: _____ BLDG DEPT: _____ ZONING: _____	

The undersigned, being authorized to make this Application, hereby declares to the best of his knowledge and belief that this is a true, correct, and complete information made pursuant to the Antioch Municipal Code. The undersigned also agrees to abide by all considerations and restrictions imposed under the Antioch Municipal Code. This business license does not authorize holder to engage in any business or profession for which other certificates or permits are required.

Boxes 1 through 7 are non-confidential information and may be made public.

THIS FORM IS CONSIDERED INCOMPLETE WITHOUT SIGNATURE AND DATE.

Sign

SIGNATURE (REQUIRED)

DATE (REQUIRED)