



BUSINESS LICENSE CHANGE OF INFORMATION FORM

Finance Revenue Collection, 1947 Center St., 1st floor, Berkeley, CA 94704

BL- _____
Initials: _____
Date: _____

Important: This form cannot be used if the Federal Employer Identification Number (FEIN) or the Social Security Number (SSN) has changed. If either has changed, submit [Closing Business Declaration Form](#), [New Business License Application Form](#), and applicable payments.

CURRENT BUSINESS INFORMATION

Business Name: _____ Business License #: _____

Check the appropriate box(es) and provide updated information.

BUSINESS LOCATION (moved to or within Berkeley)

PO Boxes are not allowed.

The Zoning Division in the Planning Department must approve your new business location. You may request an address change using [Business License Online Portal](#) and attach a copy of the approved zoning certificate.

Street Address: _____ Berkeley, CA Zip Code: _____

MAILING ADDRESS and/or CONTACT INFORMATION

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

BUSINESS NAME

New business name: _____

If the new business name or DBA is different from the owner's legal name, attach a copy of the Fictitious Business Name Statement from the County of Alameda. If the ownership type is a corporation or LLC/LP, the new name must be filed and updated with the State. The name on the business license will be updated after verification with the State.

OWNERSHIP STRUCTURE

If ownership has changed and the FEIN or SSN has not changed, fill out the section below. Include a signed letter on official company letterhead with the requestor's name, title, and contact information.

Current Owner(s) :	New Owner(s):

OTHER CHANGES (provide details)

Providing false information on this form may result in the City pursuing civil and/or criminal penalties, in addition to penalties and interest that may be imposed for underpayment of business license tax under provisions of Berkeley Municipal Code 9.04.110, 9.04.115, and 9.04.120.

I declare under penalty of perjury that to the best of my knowledge all the information contained in this statement is true and correct.

Signature: _____ Date: _____

Printed Name: _____ Title: _____