

ENTERED
INITIAL

**CITY OF BAKERSFIELD
BUSINESS LICENSE
INFORMATION CHANGES**

BUSINESS LICENSE NUMBER _____

BUSINESS NAME _____

BUSINESS NAME CHANGE _____

LOCATION ADDRESS CHANGE*
STREET _____ ZIP _____ PHONE NO. _____

MAILING ADDRESS CHANGE
STREET _____ ZIP _____ PHONE NO. _____

OWNER CHANGES:

ADD OWNER _____

ADD OWNER _____

DELETE OWNER _____

DELETE OWNER _____

CHANGE TYPE OF ORGANIZATION TO: _____
IF CORPORATION INCLUDE FEDERAL ID NO.

MISCELLANEOUS INFORMATION

CLOSE BUSINESS (DATE) _____

SIGNATURE / TITLE _____ DATE _____

*IF LOCATION ADDRESS IS A RESIDENTIAL ADDRESS, YOU CANNOT CHANGE BY MAIL.

MAIL TO: CITY OF BAKERSFIELD
P O BOX 2057
BAKERSFIELD CA 93303

OR DELIVER TO: 1600 TRUXTUN AVE.
FAX (661) 852-2043
PHONE (661) 326-3762