

Current

Business Name

E-Mail: katier@cityofwestsacramento.org

Mail or Hand-Delivery: City Of West Sacramento, Community Development Department

Fax: (916) 371-0845

Business License Change Form

City Of West Sacramento
Community Development Department
1110 West Capitol Avenue, 2nd Floor, West Sacramento, CA 95691
Phone: (916) 617-4645, Fax: (916) 371-0845

Business License #

Please complete this form if you are changing information on your business in the City of West Sacramento. This document will service as an official change of information for your license. Until such time that the City has received a notice of change, it is assumed that you are still operating and transacting business under the same information. It is the business owner's responsibility to ensure that they have formally changed their business license information with the City. If you are changing ownership of a business you must fill out a new business license application (Non-Local businesses are exempt). If you are a Local or Home business and have moved locations, you must fill out a new business license application.

Current

Business Address

NEW CHANGES TO BE MADE			
Please mark the check box next to any applicable changes and complete NEW INFORMATION on the lines.			
	Business Name:		
	Mailing Address:		
	Physical Location (Non-Local Only):		
	Business Type (LLC/Corp/GP etc.):		
	Phone Number:		
	E-Mail Address:		
	Second Owner:		
	Federal/State Tax Number:		
	Other Changes:		
I,, hereby certify under penalty of perjury, that I am an authorized person with authority to sign this document and change information on this business. I have completed this form to the best of my knowledge and belief and the provided information and statements are true and correct, and fully compliant with all the requirements set forth by the City of West Sacramento.			
-	Name (Please Print)	Signature	Date
Once completed, please submit this form one of the following ways:			

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