

IRVINE POLICE DEPARTMENT

REGULATORY AFFAIRS UNIT

IRVINE POLICE DEPARTMENT • ONE CIVIC CENTER PLAZA
P.O. BOX 19575, IRVINE, CALIFORNIA 92623 - 9575 • (949) 724-6310
Internet: <http://www.irvinepd.org> • E-Mail: ipd@irvinepd.org



David L. Maggard, Jr.
Chief of Police

** CHANGE OF BUSINESS NAME and/or MAILING ADDRESS FORM **

PROCESSING CHARGE: \$20 – Please make checks payable to the City of Irvine

IMPORTANT: Your original business license must be returned with this form.
Please make a copy for your files. A replacement business license will be issued.

Business License Number: _____ Expiration Date: _____
Previous Business Name: _____ New Business Name: _____
Business Address (physical location): _____ Previous Mailing Address: _____ Suite #: _____ City: _____ State: _____ Zip: _____ New Mailing Address: _____ Suite #: _____ City: _____ State: _____ Zip: _____
New Phone Number: _____ New Fax Number: _____

Business Description

- Have there been any changes in the legal make up or ownership of this business?
 No Yes. **If yes**, please complete a new Business License application by calling our automated Fax Library (949-724-6210) and ordering Business License application form #200 and (if applicable) In City Home Occupation form #202 or call our office for the application(s) to be mailed or emailed.

Business Description: _____
(Computer Manufacturing, Food Sales, Physician, etc.)

Current number of people working at this location: _____

I hereby certify, under penalty of perjury, that I am authorized to make this statement and the information provided on this application is true and correct.

Applicant Signature
City of Irvine – Business License

Print Applicant's Name and Title

Date
Fax Doc. 204 ** Form 28-19; Rev. 080309