



CHANGE OF PHYSICAL LOCATION

PROCESSING CHARGE: There is a processing charge of \$25. Make checks payable to the City of Irvine.

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

BUSINESS LICENSE NUMBER
EXPIRATION DATE

BUSINESS NAME

TYPE OF BUSINESS (Computer Manufacturing, Food Sales, Physician, etc.)

NEW STREET ADDRESS (Cannot be a P.O. Box)	SUITE	CITY	STATE	ZIP

NEW MAILING ADDRESS	SUITE	CITY	STATE	ZIP

NEW PHONE	NEW FAX	NUMBER OF EMPLOYEES	DATE OCCUPIED AT NEW LOCATION

PREVIOUS STREET ADDRESS	SUITE	CITY	STATE	ZIP

NOTE: If you have moved your Irvine home-based business to another residential location in Irvine you must also complete a new Home Occupation Application.

BUSINESS DESCRIPTION

- Have there been any changes in the legal make up or ownership of the business? YES NO
If yes, please complete a new Irvine Business License application online at http://www.cityofirvine.org/ipd/divisions/business_licenses/default.asp and (if applicable) a Home Occupation Application. Please call our office for application(s) to be mailed or emailed to you.
- The business for which this license is requested intends to occupy space at the stated location. The approximate square footage of the premises is _____.

Check one:

- PHYSICAL CHANGES HAVE BEEN MADE to the premises and/or I intend to make changes. The Building Permit or Plan Check number(s) are:_____.
- NO PHYSICAL CHANGES have been made to the premises. I will not make any future modifications to the building without notifying the City of Irvine. I am aware of the requirement to obtain an approved Building Permit from the City prior to making any physical modifications to the premises.

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	_____ PRINT NAME AND TITLE	_____ DATE
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