

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 (PHYSICAL) LOCATION FORM **

PROCESSING CHARGE: \$25 – 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: _____
Business Name: _____
New Street Address: _____ Suite #: _____ (Cannot Be a P.O. Box)
New City: _____ State: _____ Zip: _____
New Mailing Address: _____ Suite #: _____
New City: _____ State: _____ Zip: _____
New Phone Number: _____ New Fax Number: _____
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 In-City Home Occupation application.

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.
- The business for which this license is requested intends to occupy space at the stated location. The approximate square footage of the premise is _____. There (check one) Has Has Not been any physical changes 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. If you have made or intend to make physical changes to the premises, please indicate the Building Permit or Plan Check number here _____.

Please indicate the date that you first occupied this new location: _____

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 Applicants Name and Title

Date

Fax Doc. 218 ** Form 28-01 REV 3/9/09