City of San Ramon
Business License Change of Information
7000 Bollinger Canyon Rd.
San Ramon, CA 94583
Phone: (925) 973-2609 Fax: (925) 866-1436

□ **Change of Business Info**
□ **Change of Business Name**
□ **Change of Address**

Old Business Name:		***New*** Business Name:	
Old Business Address:		***New*** Business address:	
Old Business Description:		***New*** Business Description:	
City/ State/ Zip:		City/ State/ Zip:	
Tax ID Number:		Tax ID Number:	
Business Phone:		Business Phone:	
Emergency Contact:		Emergency Contact:	
Emergency Phone:		Emergency Phone:	
Mailing Address:		Mailing Address:	

PLEASE READ AND SIGN BELOW

I declare under penalty of perjury that all statements contained herein are, to the best of my knowledge and belief true and that all necessary land use permits, building permits, and any other permits required by law have been or will be secured prior to the commencements of the business activity which is the subject of this application.

Executed in _____ , California on _____
City Date

_____ _____ _____
Signature Printed Name Title

NOTE: ENTIRE FORM MUST BE COMPLETED TO BE PROCESSED

If you want to have a new Business License Certificate printed reflecting your changes, please enclose a check or money order made out to the City of San Ramon for $15.00 and a new Business License Certificate will be mailed out to you.

Last Name:	First Name:	Phone No:	Fax No:
Email Address:	Address:		City, State, Zip:
	Duplicate Copy of Business License - $15.00 Mailing Address:		Comments:

Charge to my □ Mastercard □ Visa □ American Express

Print name as it appears on card: _____

Credit Card Billing Address: _____

Card No. __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiration Date: __ __ / __ __

Amount: $ _____ Authorized Signature: _____