



## BUSINESS LICENSE AMENDMENT REQUEST

Treasurer-Tax Collector  
44 N. San Joaquin Street, Suite 150  
Stockton, CA 95202  
Phone (209) 468-2133 ▪ Fax: (209) 468-9482  
www.sjcttc.org

Please complete the request form completely and accurately. Incomplete forms will be returned.

Please note: Business Licenses are non-transferrable. Changes to the physical location, owner, or use of a business requires a new business license. Changes to the type of business, service or product may require a new business license.

1. Business License Record Number		2. Business License Number	
3. Existing Business Name		4. Existing Business Owner(s)	
6. Current Mailing Address			
7. Amendments Requested (check all that apply) <input type="checkbox"/> Business Name  <input type="checkbox"/> Ownership Change LLC, PTP Other: _____  <input type="checkbox"/> Business Mailing Address		8. Proposed Changes: Proposed Business Name  Proposed Ownership Change  New Mailing Address	
9. Change Requested By	10. Title		11. Phone Number
12. Signature: _____ Date: _____			
<b>Official Use Only</b>  Amendment Approved by: _____ Date: _____ Business License Expiration: _____ Comments: _____			