



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 Control 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: _____			
Official Use Only			
Amendment Approved by: _____		Date: _____	
Business License Expiration: _____			
Comments: _____			