



CITY OF ESCALON

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BUSINESS LICENSE RECORD CHANGE FORM

Please type or print in ink

Information currently listed on license

Business Name: _____ Business License #: _____

Check all that apply

Business Name Change Cancel Business License Business Address Change
 Add/Delete Partner Reason: _____ Previous: _____
 Other: specify below: Cancel Date: _____ New: _____

CHANGE IN OWNERSHIP REQUIRES A NEW BUSINESS LICENSE

Requested Changes

Business Name: _____ Add Partner
Owner(s): _____ Name: _____
Physical Address: _____ Title: _____
Mailing Address: _____ Signature: _____
City, State, Zip: _____ Delete Partner
Other: _____ Name: _____
_____ Title: _____
_____ Signature: _____

I declare under penalty of perjury, that to the best of my knowledge and belief, the statements made herein are true.

Print Name: _____ Title: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received by: _____ Processed by: _____

Received date: _____ Date Processed: _____