

City of San Ramon **Business License Change of Information**

7000 Bollinger Canyon Rd. San Ramon, CA 94583

Change of Business	Info
Change of Business	Name

Phone: (92	25) 973-2510 Fax:	(925) 830-0100		□ Chai	nge of Address	
<i>Old</i> Business Name:			New Business Name:			
<i>Old</i> Owner Name:			New Owner Name:			
			New Business address:			
City/ State/ Zip:			City/ State/ Zip:			
Tax ID Number:			Tax ID Number:			
Business Phone:		Business Phone:				
Emergency Contact:						
Emergency Phone:		Emergency Phone:				
Mailing Address:			Mailing Address:			
	P	LEASE READ	AND SIGN BELOW			
that all necessary land use p	permits, building person of the business ac	ermits, and any ctivity which is t	ed herein are, to the best of my other permits required by law the subject of this application. nia on			
Executed in	City	, Camor	ma on	Date		
	- · · y					
Signature			Printed Name		Title	
Signature			Timed Name Time		11110	
N	NOTE: ENTIRE FO	ORM MUST BE	COMPLETED TO BE PROC	CESSED		
If you want to have a new Bu out to the City of San Ramon	siness License Certi for \$15.00 and a ne	ificate printed ref w Business Lice	flecting your changes, please enc nse Certificate will be mailed ou	lose a ch t to you.	eck or money order made	
Last Name:	First Name:		Phone No:	Fax	No:	
Email Address:		Address:			City, State, Zip:	
Eman Address.		Address.			City, State, Zip.	
		Duplicate Cop Mailing Addre	oy of Business License - \$15.00 ss:		Comments:	
Charge to my	□ Mas	tercard [□ Visa □ American Express			
Print name as it appears on ca	ard:					
Credit Card Billing Address:						
Card No			Expiration Date:	/		
Amount: \$ Authorized Signature:						
Credit Ca	rd Convenience Fe	e is 2.88% of the	total transaction, plus \$0.09 pe	r transac	tion	

Revised 04.28.21