



CITY OF LOS ALAMITOS

CHANGE OF ADDRESS FORM (B/L)

Business Support Center
8839 N Cedar Ave #212, Fresno, CA 93720
Phone: (562) 321-5683 Fax: (909) 348-0465
Email: losalamitos@HdLGov.com

FOR OFFICE USE ONLY Business Act. #: _____ Received: _____ Fee: \$13.00 (LAMC 05.04.190) DATE: _____ <input type="checkbox"/> UPDATED DATABASE
--

Please Note: You can only use a PO Box for your mailing address. You cannot use a PO Box for your business location or business address (per the State of California, Business & Professional Code-Section 17538.5).

BUSINESS INFORMATION

Business Name: _____ Account #: _____
Business Address: _____
Business Phone: _____
Reason for Change: _____

CURRENT ADDRESS INFORMATION

Current Business Address: _____
Current Mailing Address: _____
Current Owner's Address: _____

NEW ADDRESS INFORMATION

New Business Address: _____
New Mailing Address: _____
New Owner's Address: _____

SIGNATURE OF OWNER

CERTIFICATION: I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I understand a business license is issued pursuant to the provisions of Los Alamitos Municipal Code Chapter 5.04, and that I am required to abide by all provisions set forth in said code. A business license constitutes a receipt for the license tax paid and shall have no other legal effect. I understand a business license is a requirement, not a permit to conduct, manage or carry on any business activity in the city.

A business license certificate can be issued with your new address upon receipt of a duplicate license fee. ____ (Initials)
Yes No Please provide a new certificate with the new owner's name. (Additional \$13.00 Fee)

I understand that in addition to this form, I am required to complete the attached Zoning Permit / Certificate Application Form for my business. ____ (Initials)

New Owner(s) Signature: _____ Date: _____
New Owner(s) Signature: _____ Date: _____