

CITY OF SANTA ANA
BUSINESS TAX & LICENSING

20 CIVIC CENTER PLAZA, FIRST FLOOR (M-15), P.O. BOX 1964, SANTA ANA, CA 92702 (714) 647-5447



BUSINESS LICENSE TAX AMENDMENT

Amendment/Replacement Charge \$ 16.00 **BUSINESS TAX NO.** _____ **TODAY'S DATE** _____

TYPE OF CHANGE: ☐ Business/Corp. Name ☐ Location ☐ Ownership ☐ Assessment Updates ☐ Business Type Updates

NOTE: **BUSINESS LICENSES ARE VOID UPON THE SALE OR TRANSFER OF A BUSINESS.**
NEW OWNERS MUST OBTAIN A NEW BUSINESS LICENSE.

BUSINESSES ADDRESS CHANGES: Additional fees for an Occupancy Inspection or Home Occupation Permit may be required. Businesses operating from a commercial location within the City are required to obtain a Certificate of Occupancy. Businesses operating from a residence within the City are required to obtain a Home Occupation Permit. To initiate the review and or inspection process, contact the Planning Department at (714) 647-5804.

BUSINESS NAME / BUSINESS LOCATION UPDATES:

Business Name (DBA) _____

Corporation Name (If Applicable) _____ **Phone ()** _____

Business Address _____

State _____ **Zip** _____ **E-mail** _____

Mailing Address (If Different) _____

City _____ **State** _____ **Zip** _____ **Emergency Phone ()** _____

OWNERSHIP UPDATES:

☐ Corporation ☐ LLC ☐ Sole Proprietor ☐ General Partnership ☐ Trust ☐ LLP

State Sales Tax Permit # (Attach Copy) _____ **Federal Tax I.D. #** ____ - ____ - ____

OWNER INFORMATION: ☐ Remove ☐ Add

Owner/Officer/Partner Name _____ **Title** _____ **Social Security No.** _____

Home/or Corporate Address _____ **Phone ()** _____

City _____ **State** _____ **Zip** _____ **Drivers License No.** _____

☐ Remove ☐ Add

Owner/Officer/Partner Name _____ **Title** _____ **Social Security No.** _____

Home/or Corporate Address _____ **Phone ()** _____

City _____ **State** _____ **Zip** _____ **Drivers License No.** _____

ASSESSMENT UPDATES:

Prior Number of Assessments: _____ **Current Number of Assessments:** _____

Type of Assessment: ☐ Vehicle ☐ Peddler ☐ Vending Machine ☐ Housing Rental Unit ☐ Staff

TYPE OF BUSINESS CHANGES/UPDATES:

Note: A new Certificate of Occupancy must be obtained if there is a change in the business address, tenant improvements, or the nature of the business has changed. If the business name changes, an amended certificate of occupancy must be obtained.

Description of Business Activity _____

I declare under penalty of perjury that this amendment is, to the best of my knowledge, a true and correct statement of facts.

Signature _____ **Title** _____

Print Name _____ **Date** ____ / ____ / ____

Signature _____ **Title** _____

Print Name _____ **Date** ____ / ____ / ____

If you pay by check and it is returned, you expressly authorize the electronic debit of our account for the check amount plus a processing fee and any applicable sales tax.

*** OFFICIAL USE ONLY ***

BTN UPDATED _____

If Applicable:

C of O# _____

HOP# _____

Replacement License ☐ Yes ☐ No

NOTES: _____

Initial: _____