

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 \$ 27.00 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: _____