



CITY OF EL CERRITO BUSINESS LICENSE CHANGE OF INFORMATION FORM

Financial Services Division
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BUSINESS NUMBER _____

✓	NAME	STREET ADDRESS	CITY	ST	ZIP+4	PHONE	FAX
	Current Business Address:						
	Owner:						
	Emergency Contact::						
	Mailing Address::					Email:	
	New Business Address:						

BUSINESS INFORMATION

Date Business Opened in El Cerrito: _____ Describe Business (e.g., Retail): _____ Number of Rental Units or _____ Number of Employees: _____

I have read and understand the attached *Doing Business in El Cerrito* form and will obtain the necessary permits and approvals, as may be required by Federal, State, and Local laws and regulations (initial): _____

Does your business generate less than \$8,578 per year within El Cerrito's city limits (circle)? **Yes / No** If yes, how much revenue was generated in the last complete year? \$ _____

BUSINESS TYPE (circle)
Sole Owner
Partnership
Corporation
Non-Profit
Veteran

BUSINESS CODES
SIC: _____
NAICS: _____

OTHER ID NUMBERS
Federal Tax ID: _____
Contractor's License: _____
Sellers Permit #: _____

SUBMITTED BY
Signature: _____
Print Name: _____
Date: _____