

File # \_\_\_\_\_

## City of Santa Rosa Business Tax Change of Information Form

Current name of business \_\_\_\_\_

### List **ONLY** changes below

*Note: \* A new Business Tax Certificate is required for total ownership changes*

**NEW** Business Name \_\_\_\_\_

**NEW** Business Address \_\_\_\_\_

	Street	City	State	Zip Code
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**NEW** Mailing Address \_\_\_\_\_

	Street	City	State	Zip Code
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Name(s) of Owner(s)/Principal(s) \_\_\_\_\_

*\*(partnerships & corporations only)*

\_\_\_\_\_  
**Remove** above name

\_\_\_\_\_  
**Remove** above Social Security # / FEIN #

\_\_\_\_\_  
**Add** above name

\_\_\_\_\_  
**Add** above Social Security # / FEIN #

\_\_\_\_\_  
**Add** above business phone #

\_\_\_\_\_  
**Add** above alternate phone #

\_\_\_\_\_  
**Add** above fax #

Other changes: \_\_\_\_\_

Business description	State resale permit #	Contractors License #	Contact person
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**Do you want an updated Business Tax Certificate reflecting the changes?**    Yes            No

Business Closed Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Gross Receipts \$ \_\_\_\_\_

**Changes requested by:**

Print name	Phone number
Signature	Date