



# CITY OF RIDGECREST

## Business License Information Change Form

Public Works Department- Bldg.  
 100 W. California Ave.  
 Ridgecrest, CA 93555  
 (760) 499-5071  
[businesslicense@ridgecrest-ca.gov](mailto:businesslicense@ridgecrest-ca.gov)

City use Only  
 License No.: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Paid On: \_\_\_\_\_

**There is a \$3.00 fee if the Business Name, Location or Mailing Address, Business Description or any other changes that affects the face of the company's license.**

**PLEASE NOTE:** In order to make changes your name must **ALREADY** be on the license. Authorizer could be required to provide a valid ID. A copy of your ID may be made. This form cannot be used by the new owner of an existing business (a new business license application must be submitted).

Complete the appropriate information to be change below. If not specifically listed below, write your changes in the "Additional Changes" section at the bottom of this section.

Current Information <span style="color: red; font-weight: bold;">REQUIRED</span>	New Information
Current Business Name:	New Business Name:
Current Business Phone:	New Business Phone:
<u>Prior Business Location</u>	<u>New Business Location</u>
<u>Prior Mailing Address</u>	<u>New Mailing Address</u>

Deletion Owner- Partner- Officer	Addition of Owner- Partner- Officer
Name:	Name:
Home Address:	Home Address:
City/State/Zip:	City/State/Zip:
Home & Work Phone:	Home & Work Phone:
Social Security #:	Social Security #:
Driver's Lic. #:	Driver's Lic. #:
Date of Birth:	Date of Birth:

Additional Changes

<input type="checkbox"/> Inactive [Closing Date]: _____	<input type="checkbox"/> Reactive [Opening Date]: _____
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\_\_\_\_\_  
 Signature of Person Authorizing Changes

\_\_\_\_\_  
 Printed Name of Person Authorizing Changes

\_\_\_\_\_  
 Date