



City of Milpitas

455 East Calaveras Boulevard, Milpitas, California 95035-5479
Finance Department: 408-586-3100, TDD 586-3013
www.ci.milpitas.ca.gov

CITY OF MILPITAS BUSINESS LICENSE RECORD CHANGE FORM Please Type or Print in Ink

Check All Boxes that Apply

<input type="checkbox"/> Duplicate Certificate	<input type="checkbox"/> Cancel Business License	<input type="checkbox"/> Business Address Change (Great Mall Cart Only)
<input type="checkbox"/> Business Name Change	Reason: _____	Previous: _____
<input type="checkbox"/> Add/Delete Partner	Cancel Date: _____	New: _____

Information currently listed on license

Business License # _____ Business Name _____

Requested Changes

Business Name _____	<input type="checkbox"/> Add Partner (Use Separate Sheet if Necessary)
Owner(s) _____	Name: _____
Mailing Address _____	SSN: _____
City, State, Zip _____	DL# & State: _____
Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership	Signature: _____
	Date: _____
State Board of Equalization Resale Permit#: _____	<input type="checkbox"/> Delete Partner (Use Separate Sheet if Necessary)
	Name: _____
	Signature: _____
	Date: _____

I declare under penalty of perjury, that to the best of my knowledge and belief, the statements made herein are true.

Print Name: _____ Signature _____

Date _____ Title of Person Signing _____

FOR OFFICE USE ONLY

Received by: _____	Processed by: _____
Received date: _____	Date processed: _____
Amount paid: _____	Received No.: _____