



**CITY OF LAKEWOOD
BUSINESS LICENSE
INFORMATION CHANGES**

BUSINESS LICENSE NUMBER _____

BUSINESS NAME _____

*BUSINESS NAME CHANGE _____

*MAILING ADDRESS CHANGE _____
STREET ZIP PHONE NO.

OWNER CHANGES:

DELETE OWNER _____

CHANGE TYPE OF ORGANIZATION: _____
IF CORPORATION CHANGES FEDERAL ID NO.

MISCELLANEOUS INFORMATION

CLOSE BUSINESS DATE: _____

SIGNATURE/TITLE _____ DATE _____

SIGNATURE/TITLE _____ DATE _____

AN \$8.00 FEE, PAYABLE TO THE CITY OF LAKEWOOD, WILL BE CHARGED FOR ANY CHANGES MADE TO A CURRENT BUSINESS LICENSE.

IF LOCATION ADDRESS IS A RESIDENTIAL ADDRESS, YOU CANNOT CHANGE BY MAIL

**MAIL TO: CITY OF LAKEWOOD
PO BOX 220
LAKEWOOD, CA 90714-0220**

**FAX (562) 866-0505
PHONE (562) 866-9771 EXT 2622**