



City of Tustin
 Business License Department
 300 Centennial Way
 Tustin, CA 92780
 714-573-3144 FAX 832-0825

CHANGE OF ADDRESS FORM - OUTSIDE OF CITY BUSINESS
COMPLETE ALL PAGES

Business Name* _____

*(If other than surname, include a copy of your approved Fictitious Business Name statement filed with the County Clerk.)

Former Business Address _____ Suite Number _____
 (Use of Post Office or commercial mailbox for business address is a misdemeanor.)

City _____ State _____ Zip Code _____

Mailing Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Business Phone (____) _____ Cell Phone (____) _____

New Business Address _____ Suite Number _____
 (Use of Post Office or commercial mailbox for business address is a misdemeanor.)

City _____ State _____ Zip Code _____

Mailing Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Business Phone (____) _____ Cell Phone (____) _____

Number of Employees at this location _____

E-Mail Address _____

Web Address _____

Business Description _____

I hereby declare, under penalty of perjury, that the foregoing information is true and correct. As a condition for the issuance of the license applied for, I agree to submit any additional information that may be required and to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business/profession.

 Signature

 Printed Name and Title

 Date

| OFFICE USE ONLY | | | | | | |
|-----------------|----------|------|------|-------|------|------|
| | | PLNG | BLDG | WATER | FIRE | BLIC |
| ZONING | INITIALS | | | | | |
| | DATE | | | | | |

ANY VIOLATION OF THE TUSTIN CITY CODE AND/OR MISREPRESENTATION, FALSE, MISLEADING, OR INCOMPLETE ANSWERS ON THIS FORM MAY CAUSE THIS APPLICATION TO BE DENIED OR RESCINDED. FEES ARE NOT REFUNDABLE.

Business Name _____ Telephone _____

Approximate Square Footage of Business _____

Business Location _____

FILL IN THE PERCENTAGE OF EACH BUSINESS USE THAT APPLIES (BASED ON SQUARE FOOTAGE)—BASED ON 100 PERCENT, WHAT COMPRISES YOUR BUSINESS ACTIVITY. NUMBERS SHOULD ADD UP TO 100.

| | _____ % | _____ % | _____ % | _____ % | _____ % | _____ % |
|----------------------------------------------------------|---------------|------------------|---------------------------|---------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| | Office | Warehouse | Industrial/R&D | Retail | Wholesale | Service |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Is your business address also your home address? If Yes, please complete the supplemental home occupation questionnaire. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will you operate a social club, dating service, or escort service? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will you provide and/or arrange live entertainment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will you provide, arrange and/or produce adult entertainment and/or sell or rent adult oriented material? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will you provide billiards, pool, bagatelle, bowling alleys, or more than five (5) pinball or electronic games? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Is your firm a private patrol service? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Does a patrol service work for you? |
| | | | | | | Name and address of service: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will your business have a security alarm system? |
| | | | | | | Name and address of alarm company: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will you provide massage therapy or operate a bath, sauna bath, or massage establishment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will your business sell, manufacture, or have mail order adult books, lingerie, toys, or novelties? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will you operate an antique store or business that buys or sells used items? If Yes, please complete the supplemental used merchandise affidavit. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will you operate a business that involves pawn? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will your business broker, buy, sell, or trade motorized vehicles? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will your business sell, distribute, process, or cultivate marijuana in any form? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will any merchandise be displayed outside the building? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will your business sell beer, wine, and/or other alcoholic beverages? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will you sell firearms? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Are you adding or removing any doors, windows, walls, or partitions? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Are you modifying, adding, or removing any plumbing, mechanical, or electrical system? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will any accessory sheds, canopies, awnings, or other exterior structures be installed for this business? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will you be constructing any signs (temporary or permanent) outside the building? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will you be storing any materials outside the building? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will you be storing any commercial vehicles, tools, or equipment on-site? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will you have any aboveground or underground tanks? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will water be used in your manufacturing or processing? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will your business involve cooking on a commercial stove or fryer? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Are you installing a new commercial hood or fire protection system? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Will the business provide training or classes at your business location to anyone not employed by the business? |

If renting a building, office, or space, to whom will or do you pay rent? _____
 Owner/Management Company Name

Address _____

Telephone _____

When does or will your current lease end? _____

How many units do you or will you lease at this location? _____

Yes No Will you be sharing this location with another business?

Your business location will be checked by the zoning, building, water, police, and fire departments. If you have any doubt that your business location, activity, and/or building does not conform with the requirements of the Municipal Code, please contact these departments for further information before filing this application or entering into a Lease Agreement.

I understand that this application and payment of tax does not license me to operate until I have fulfilled all the requirements of the Tustin Municipal Code.

I hereby certify under penalty of perjury that I have read and understand the above statements. (904)

Signature _____

Print Name and Title _____

Date _____

Driver's License No. _____