



County of Ventura

APPLICATION FOR CHANGE OR DUPLICATE

<https://www.ventura.org/ttc/business-license/>

Telephone: (805) 654-3744 | Email: Tax.Collector@ventura.org

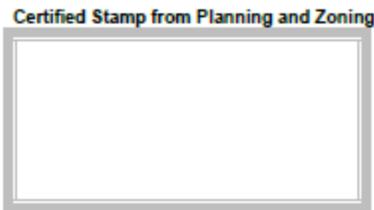
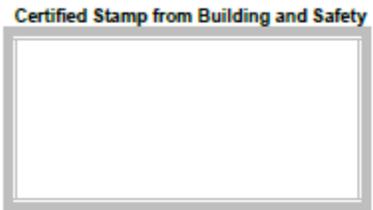
FOR COUNTY USE ONLY

TRANS #:

ENTERED BY:

BUSINESS INFORMATION

MARK BOX TO INDICATE CHANGE

<input type="checkbox"/>	BUSINESS TAX CERTIFICATE #:	<input type="checkbox"/>	REGULATORY LICENSE #:	<input type="checkbox"/>	EXPIRATION DATE:	<input type="checkbox"/>	DATE OF CHANGE REQUESTED:	
<input type="checkbox"/>	BUSINESS NAME:			<input type="checkbox"/>	BUSINESS TELEPHONE: ()		<input type="checkbox"/>	BUSINESS EMAIL:
<input type="checkbox"/>	BUSINESS ADDRESS (PHYSICAL ADDRESS):			PLANNING AND ZONING & BUILDING AND SAFETY STAMPS REQUIRED FOR ADDRESS CHANGE				
<input type="checkbox"/>	APN: _____ TRA: _____							
<input type="checkbox"/>	BUSINESS MAILING ADDRESS:							
<input type="checkbox"/>	BUSINESS DESCRIPTION (AS IT WILL APPEAR ON YOUR LICENSE):							
<input type="checkbox"/>	TYPE OF OWNERSHIP (CHOOSE ONE): SOLE-PROPRIETOR PARTNERSHIP LIMITED LIABILITY CORPORATION (LLC) CORPORATION OTHER							
<input type="checkbox"/>	OWNERSHIP, CONTACT, PROPERTY MANAGER CHANGE:			DATE OF OWNERSHIP CHANGE:				
<input type="checkbox"/>	NAME: _____		NAME: _____		NAME: _____			
<input type="checkbox"/>	TITLE: _____		TITLE: _____		TITLE: _____			
<input type="checkbox"/>	ADDRESS: _____		ADDRESS: _____		ADDRESS: _____			
<input type="checkbox"/>	PHONE NUMBER: _____		PHONE NUMBER: _____		PHONE NUMBER: _____			
<input type="checkbox"/>	SSN OR DRIVER'S LICENSE #: _____		SSN OR DRIVER'S LICENSE #: _____		SSN OR DRIVER'S LICENSE #: _____			

REQUESTOR'S INFORMATION

<input type="checkbox"/>	NAME:	<input type="checkbox"/>	TITLE:	<input type="checkbox"/>	DRIVERS LICENSE #:
<input type="checkbox"/>	ADDRESS:			PHONE NUMBER OR EMAIL:	

FEES

<input type="checkbox"/>	PHYSICAL LOCATION TRANSFER FEE	VC ORDINANCE §2020	FLAT RATE	\$25.00
<input type="checkbox"/>	OWNERSHIP TRANSFER FEE	VC ORDINANCE §2020	FLAT RATE	\$25.00
<input type="checkbox"/>	DUPLICATE LICENSE FEE	VC ORDINANCE §2019	FLAT RATE	\$10.00

Note: Regulatory Licenses are not transferable; all alterations need to be approved by Sheriff.

TOTAL FEE DUE: _____

I, the undersigned, under penalty of perjury of the laws of the State of California, swear that the statements and figures herein are true, full and correct to the best of my knowledge and belief and that the reported estimates herein are believed to me to be true.

Requestor's Signature: _____

Date: _____