

BUSINESS LICENSE

CHANGE OF BUSINESS NAME OR ADDRESS NOTIFICATION



Mail: P O Box 8995, Vancouver, WA 98668-8995
Drop Off: 415 W. 6th St., Vancouver, WA 98660
Fax: (360) 487-8483
Email: business.licenses@cityofvancouver.us

Questions: www.cityofvancouver.us/businesslicense or (360) 487-8410 ext 3

Note: Business licenses are not transferable. A new owner must complete a new Business License Application.

*Please print clearly and complete the applicable sections; then sign and return form by mail, drop-off, fax, or email as shown above. Asterisked * sections must be completed. An updated license will be sent to you at no charge.*

BUSINESS LICENSE CUSTOMER (ACCOUNT) NO.* _____ EFFECTIVE DATE OF CHANGE(S)* _____

EXISTING / PREVIOUS BUSINESS INFORMATION	CHANGES TO BUSINESS INFORMATION
Existing / Previous Name of Business* New _____ _____	Name of Business _____ _____
Existing / Previous Doing Business As (DBA) - if different from above* _____ _____	New Doing Business As (DBA) - if different from above _____ _____
Existing / Previous Physical Location* New STREET (NO PO BOXES) SUITE OR UNIT # _____ _____ CITY STATE ZIP CODE	Physical Location STREET (NO PO BOXES) SUITE OR UNIT # _____ _____ CITY STATE ZIP CODE
Existing / Previous Mailing Address - if different from above* DEPARTMENT (IF APPLICABLE) _____ STREET SUITE OR UNIT # _____ CITY STATE ZIP CODE	New Mailing Address - if different from above DEPARTMENT (IF APPLICABLE) _____ STREET SUITE OR UNIT # _____ CITY STATE ZIP CODE

AUTHORIZED SIGNATURE* _____ DATE* _____

PRINT NAME OF SIGNATORY* _____ TITLE _____ CONTACT PHONE* _____

****This section must be completed.***