

## BUSINESS LICENSE

### CHANGE OF BUSINESS NAME OR ADDRESS NOTIFICATION



**Mail:** P O Box 8995, Vancouver, WA 98668-8995  
**Drop Off:** Esther Short Building, 610 Esther Street, Vancouver, WA 98660  
**Fax:** (360) 619-1083  
**Email:** [business.licenses@ci.vancouver.wa.us](mailto:business.licenses@ci.vancouver.wa.us)

**Questions:** [www.cityofvancouver.us/businesslicense](http://www.cityofvancouver.us/businesslicense) or (360) 619-1010 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.***