



**Alameda County Office of the Treasurer and Tax Collector  
Business License Division  
224 W. Winton Avenue, Room 169  
Hayward, CA 94544  
(510) 670-6400**

**Business License Address Change Request**

If this is a request from a legal entity (i.e. Corporation, LLC, etc.) please do not use this form. Submit your request on stationery with the company letterhead along with the information listed below and signed by a corporate officer.

Business License Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

DBA if any: \_\_\_\_\_

Printed Name of Business Owner: \_\_\_\_\_

Printed Name of Secondary Business Owner: \_\_\_\_\_

**(You must provide a copy of ID or Driver's license for all listed business owners)**

**NEW BUSINESS/MAILING ADDRESS**

Business Address: \_\_\_\_\_

**\*\*PLEASE NOTE BUSINESS ADDRESS CHANGES WITHIN THE UNINCORPORATED AREA WILL REQUIRE ZONING CLEARANCE PRIOR TO APPROVAL. OUR OFFICE WILL MAIL YOU A ZONING CLEARANCE FORM OR YOU MAY ATTACH THE COMPLETED FORM PROVIDED ONLINE.**

Mailing Address: \_\_\_\_\_

Signature of Business Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Secondary Business Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: If submitting request by mail, please submit the completed form and all documentation listed above to the address on the top of this form with a check for \$10.00 to process the address change.**