



**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 Name 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: _____

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)

Old Business Name: _____

New Business Name: _____

You must include documentation of fictitious business name filing with the Alameda County Clerk Recorder's Office.

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 address on the top of this form with a check for \$10.00 to process the name change.