



Business License Division

BUSINESS LICENSE MAILING ADDRESS CHANGE FORM

Account Information

Business License Number: _____

Name of Business: _____

Business Address: _____

City, State, Zip: _____

New Mailing: _____

City, State, Zip: _____

A new application is required if the business ownership or business location changes.

I, _____ declare under penalty of perjury, that the above information is true and correct. I understand that I cannot change the physical business address location for which I am conducting business.

Signature of Owner

Date

Phone Number

Submit this form by e-mail to taxcollector@maderacounty.com or mail to:

Madera County Tax Collector
Attn: Business License Division
200 W. 4th Street, Suite 2200
Madera CA, 93637