



**CITY OF ST. HELENA**  
**1480 MAIN STREET**  
**ST. HELENA, CA 94574**  
**(707) 967-2792 \* FAX (707) 963-7966**

**CHANGES/AMENDMENTS/MODIFICATIONS TO A BUSINESS LICENSE**

**This form is to be completed for changes to an existing business license. This is a two page form and will not be accepted if not signed on the second page.**

CURRENT BUSINESS NAME (DBA): \_\_\_\_\_

ASSIGNED BUSINESS LICENSE NUMBER: \_\_\_\_\_

**PLEASE CHECK ALL AREAS TO BE MODIFIED ON THE BUSINESS LICENSE RECORD**

**CHANGE OF BUSINESS NAME:**

NEW BUSINESS NAME (DBA): \_\_\_\_\_

**CHANGE OF MAILING ADDRESS:**

NEW MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CHANGE OF LOCATION:**

FORMER LOCATION: \_\_\_\_\_

NEW LOCATION: \_\_\_\_\_

HOME OCCUPATION:  YES  NO \*IF YES, A SUPPLEMENTAL HOME OCCUPATION APPLICATION IS REQUIRED

If this business is a restaurant, is the seating capacity 50 or more?  50 OR MORE  LESS THAN 50

What type of fire protection system does this location have? (Check all that apply)

FIRE SPRINKLERS  FIRE ALARM  COOKING EXTINGUISHING SYSTEM

**OWNERSHIP CHANGE:**

OWNERSHIP TYPE:  Corp.  Partnership  Sole Proprietor  Trust  LLC  LLP

NEW OWNER/PRINCIPAL: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

NEW OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CHANGE IN NATURE OF BUSINESS:**

RETAIL  WHOLESALE  MANUFACTURING  RENTAL  PROFESSIONAL SERVICES  BUSINESS OUTSIDE CITY  OTHER

NEW BUSINESS DESCRIPTION:

(see back of this form) \_\_\_\_\_

**CHANGES TO OTHER INFORMATION:**

PHONE: Business: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BOARD OF EQUALIZATION RESALE ACCOUNT NUMBER (BEAN): \_\_\_\_\_

**CHANGE IN NATURE OF BUSINESS CONTINUED:**  
**PLEASE DESCRIBE IN DETAIL THE NATURE OF YOUR BUSINESS**

**BUSINESS DESCRIPTION:**

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**If this is a retail store, please describe the mix of merchandise. (For example: 70% clothing, 20% accessories, 10% jewelry)**

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\*If the majority of your business is conducted out of your home, please obtain and complete a Home Occupation application and submit it, along with your modifications to a Business License, to City Hall. Forms can be obtained from City Hall, or you can visit our website at [www.cityofstheleena.org](http://www.cityofstheleena.org) . If you need further assistance, please call (707) 968-2659.

- ❖ The issuance of this license is administrative in nature and does not constitute approval for the operation of the business except as evidence of compliance with the provisions of Chapter 9 of the St. Helena City Code.
- ❖ It is the responsibility of the business to confirm that operation of the business is allowed by the St. Helena City Code, including all Zoning Ordinances and to obtain separate approvals as required.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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City Use Only

CATEGORY: _____	ID NUMBER: _____
NAICS CODE: _____	LICENSE NUMBER: _____
ZONING: _____	PERMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO

\_\_\_\_\_  
*Planning Department*

\_\_\_\_\_  
*Date*