



BUSINESS & SPECIALTY LICENSE UPDATE FORM

Use this form to request simple changes to your existing City of Mesa business license. Complete Section I with the business information currently on file with the City to help us locate your license. Only fill in the blanks of the remaining sections with the information that you are requesting to be changed. ****Contact the Licensing Office directly for information relating to the requirements that must be met for changes to the business location or ownership structure.**

| SECTION I. EXISTING BUSINESS INFORMATION (REQUIRED) | | | |
|---|---------------------|--|------------------|
| Business DBA Name | | City License Number | |
| Business Street Address | | | |
| City, State, Zip | | Business Phone Number | |
| <input type="checkbox"/> BUSINESS INFORMATION UPDATE (only complete this section if a change is needed) | | | |
| New Business DBA Name (attach Secretary of State documentation to support this change) | | | |
| New Business Email Address | | New Business Phone Number | |
| New State TPT License Number | | New Description of Goods Sold or Services Offered | |
| <input type="checkbox"/> BUSINESS MAILING ADDRESS UPDATE (only complete this section if a change is needed) | | | |
| New Mailing Street Address or PO Box | | | |
| City, State, Zip | | | |
| <input type="checkbox"/> LOCAL PRIMARY CONTACT (DESIGNATED AGENT) INFORMATION UPDATE (only complete this section if a change is needed) | | | |
| New Local Primary Contact Name | | New Local Primary Contact Title | |
| New Local Primary Contact Email Address | | New Local Primary Contact Phone Number | |
| <input type="checkbox"/> CONTROLLING PERSON(S) CONTACT INFORMATION UPDATE (only complete this section if a change is needed) | | | |
| Name | Residential Address | Phone Number | |
| | | | |
| | | | |
| | | | |
| <input type="checkbox"/> BACKGROUND INFORMATION UPDATE (only complete this section if a change is needed) | | | |
| Within the last year, I have been convicted in a court of competent jurisdiction of a new felony, misdemeanor, (excluding civil traffic violations) or have been subject to an injunction, judgement, decree, or permanent order in a federal court or violated municipal ordinance(s). <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| LIST ALL NEW CONVICTIONS BELOW. ATTACH A SEPARATE SHEET IF NEEDED. | | | |
| Date | Offense | Location of Conviction | Penalty Assessed |
| | | | |
| | | | |
| SECTION II. LICENSE OWNER SIGNATURE (REQUIRED) | | | |
| Print Name | | Signature | Date |

Important!! This form will not be processed unless it has been signed by the licensee. Please allow 1-2 weeks for processing.