



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.