Notice of Change of Business Location

FORMER BUSINESS LOCATION INFORMATION:

Name of Business:

Former Business Street Address: ________________________________

City: __________________ State: __________________ ZIP Code: ____________

Business License Number: __________________

New Business Location Information:

New Business Street Address: ________________________________

City: __________________ State: __________________ ZIP Code: ____________

Current Telephone Number: __________________

Describe Changes, if any, to the Types of Products/Services Offered:

Floor of Occupancy: __________________

Gross Floor Area: __________________ Number of exits: __________________

Days Open per Week: __________________ Hours of Operation: ____________

Emergency Name and Phone Number:

Name of Property Owner (of Business Location): __________________ Phone Number:

Signature of Applicant: __________________ Title: __________________ Date: ____________

Forward completed form to City Hall, 300 Forest Avenue, Pacific Grove, CA 93950 (Community Development and Fire Department)