

## Business Address Change Form

Owner's Request to Change Busines	ss Address:	
Business License #,		
Ι	of,	
(Name)	(Business name)	
located at(Address)	will be relocating my business as of	
this date		
NEW ADDRESS:		
	e a Building Occupancy (\$156.00) or H nd \$5.00 for all change of addresses. Plus	
Thank you for your cooperation in t	his matter.	
Submitted by:		
	(Signature)	
Date:		

City of Cathedral City, 68700 Avenida Lalo Guerrero, Cathedral City, CA 92234

Attn: Business License Administration

Email: chansen@cathedalcity.gov, Phone (760) 770-0353, Fax (760) 202-1467