



# CITY OF HIGHLAND

## INFORMATION CHANGE BUSINESS LICENSE

In order to avoid a delay in processing your application, please provide all applicable information, and type or print clearly.

_____	<b>CHANGE OF OWNER:</b> Previous owner must sign application	<b>FEE: \$25.00</b>
_____	<b>CHANGE OF BUSINESS NAME:</b> New Fictitious Business Name required	<b>FEE: \$25.00</b>
_____	<b>CHANGE OF LOCATION:</b> <i>Certificate of Occupancy required.</i>	<b>FEE: \$320.00*</b>

Note: Planning permits are also required for all signs.      \* Fees, C of O, Fire(\$60 + \$135 + \$125)

Business Name/DBA: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Business Phone: ( ) \_\_\_\_\_  
 Message Phone: ( ) \_\_\_\_\_  
 Fax number: ( ) \_\_\_\_\_  
 Mailing address if different from business address:  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Type of Business:      \_\_\_\_\_ Sole Proprietor      \_\_\_\_\_ Partnership      \_\_\_\_\_ Corp  
                                  \_\_\_\_\_ Limited Liability Corp.      \_\_\_\_\_ Charitable      \_\_\_\_\_ Other

### Owner or Principal Officers:

Name: _____	Title: _____
Home Address: _____	SS#: _____
City, State, Zip: _____	CDL#: _____
_____	Phone#: _____
Name: _____	Title: _____
Home Address: _____	SS#: _____
City, State, Zip: _____	CDL#: _____
_____	Phone#: _____

Federal Tax ID/SS#: _____	Contractors License #: _____
State Resale Permit #: _____	Health Permit #: _____
Other Permit/License: _____	Number of employees: _____
Type of Business: _____	_____

I declare, under penalties of Perjury, by signing as (one of) the owner(s)/Principal Officer(s) listed below, that this application, including attachments, have been examined by me, as well as the property owner(s), and to the best of my knowledge believe to be true, accurate and complete of all facts. I further certify that the above business will be conducted in compliance with the applicable provisions of The City of Highland Municipal Codes & Ordinances, including State and Federal laws. In addition, I assume responsibility to renew this business license on an annual basis and pay the renewal fees on time. I understand that I will be subject to late fees, additional administrative charges, and/or have the business license revoked due to non-compliance of the conditions set forth by the City of Highland. I also agree to notify the City of Highland of any and all changes in business status relating to this application. As a courtesy, the City will send you a renewal notice. If you do not receive the notice, it is your responsibility to pay by the due date to avoid penalties. The applicant has up to 90 days to comply with the application process and the renewal process. If you do not meet this time period, your business license will be closed. You may reapply and pay all associated fees.

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

### OFFICE USE ONLY

X \_\_\_\_\_ X \_\_\_\_\_  
 Code Enforcement Approval (location only)      Planning Approval (Location only)

**INFORMATION CHANGE BUSINESS LICENSE  
(OWNER OR MODIFICATION)**

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**CHANGE OF OWNERSHIP/PREVIOUS OWNER'S DECLARATION**

I DECLARE, UNDER PENALTIES OF PERJURY, BY SIGNING AS ONE OF THE PREVIOUS BUSINESS OWNERS BELOW, THAT I HAVE FULLY AUTHORIZED:

\_\_\_\_\_  
(Names of New Business owner(s)/Principal/Officer(s))  
TO TAKE OVER MY BUSINESS:

\_\_\_\_\_  
(Name of old business)

\_\_\_\_\_  
(Business Location)

IN ORDER TO CONDUCT A BUSINESS FOR THE PURPOSE OF:

\_\_\_\_\_  
(Type of Business)

IN COMPLIANCE WITH THE APPLICABLE PROVISIONS OF THE CITY OF HIGHLAND MUNICIPAL CODE & ORDINANCES, STATE & FEDERAL LAWS.

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

\_\_\_\_\_  
(Previous Business Owner's Printed Name)

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

\_\_\_\_\_  
(New Business Owner's Signature)

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**NOTICE OF BUSINESS LICENSE CHANGE**

REQUEST TO CHANGE BUSINESS NAME ONLY - FOR BUSINESS LOCATED AT:

\_\_\_\_\_  
(Business Location)

\_\_\_\_\_  
(Old Business Name)

\_\_\_\_\_  
(New Business Name)

REQUEST TO CHANGE ADDRESS (SUBJECT TO REVIEW). C OF O AND FIRE PERMIT REQUIRED.

\_\_\_\_\_  
(Old Business Location)

\_\_\_\_\_  
(New Business Location)

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

\_\_\_\_\_  
(Business Owner's Signature)

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**APPLICANT SIGNATURE**

I DECLARE, UNDER PENALTIES OF PERJURY, BY SIGNING AS (ONE OF) THE OWNER(S)/PRINCIPAL OFFICER(S) LISTED BELOW, THAT THIS ATTACHMENT HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE IS TRUE, ACCURATE, AND COMPLETE OF ALL FACTS. IN ADDITION, I AM AWARE OF THE OLD LICENSE'S DUE EFFECTIVE DATE(S) AND THAT I HAVE THE OPTION TO REQUEST A MODIFIED LICENSE FOR A FEE.

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

\_\_\_\_\_  
(Business Owner's Signature)