



Development Services Department
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BUSINESS LICENSE – UPDATE / CHANGE FORM

Please check the box that describes your change(s)

License # _____

Parcel #: _____

Business Name Change
Existing Business Name: _____
New Business Name: _____
New Business Phone: _____
New Business Email: _____

Contact Name Change
Existing Contact: _____
New Contact: _____
New Contact Email: _____

Mailing Address Change
Existing Mailing Address: _____
New Mailing Address: _____

Change/Add Business Activity

<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Restaurant Contractor	<input type="checkbox"/> Retail Sales
<input type="checkbox"/> Service	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Other	_____

Close License
Existing Business Name: _____
Business Address: _____
Owners Name: _____
Owners Address: _____

Owners Signature: _____ Date: _____