



CITY OF RIVERSIDE BUSINESS TAX CERTIFICATE MODIFICATION FORM

Business Tax Account Number:

PLEASE SELECT THE FOLLOWING ITEMS TO BE CHANGED:

*There is no fee to submit a modification form. If requesting a replacement copy of the current certificate or a new certificate reflecting changes, a \$12 fee will apply.

- | | |
|--|--|
| <input type="checkbox"/> Business Name
<input type="checkbox"/> Business Address
<input type="checkbox"/> Mailing Address
<input type="checkbox"/> Telephone / Fax # / E-mail address | <input type="checkbox"/> Closure of Business Tax Certificate
<input type="checkbox"/> Business Type
<input type="checkbox"/> Federal Tax ID/ Social Security # |
|--|--|

FROM	TO
BUSINESS NAME: <input style="width: 100%; height: 30px;" type="text"/>	BUSINESS NAME: <input style="width: 100%; height: 30px;" type="text"/>
BUSINESS ADDRESS: Street Address: <input style="width: 100%; height: 20px;" type="text"/> City: <input style="width: 100%; height: 20px;" type="text"/> State: <input style="width: 30px;" type="text"/> Zip Code: <input style="width: 100px;" type="text"/>	BUSINESS ADDRESS: Street Address: <input style="width: 100%; height: 20px;" type="text"/> City: <input style="width: 100%; height: 20px;" type="text"/> State: <input style="width: 30px;" type="text"/> Zip Code: <input style="width: 100px;" type="text"/>
MAILING ADDRESS: Street Address: <input style="width: 100%; height: 20px;" type="text"/> City: <input style="width: 100%; height: 20px;" type="text"/> State: <input style="width: 30px;" type="text"/> Zip Code: <input style="width: 100px;" type="text"/>	MAILING ADDRESS: Street Address: <input style="width: 100%; height: 20px;" type="text"/> City: <input style="width: 100%; height: 20px;" type="text"/> State: <input style="width: 30px;" type="text"/> Zip Code: <input style="width: 100px;" type="text"/>
CONTACT INFORMATION: Telephone #: <input style="width: 100%; height: 20px;" type="text"/> Fax #: <input style="width: 100%; height: 20px;" type="text"/> E-Mail: <input style="width: 100%; height: 20px;" type="text"/>	CONTACT INFORMATION: Telephone #: <input style="width: 100%; height: 20px;" type="text"/> Fax #: <input style="width: 100%; height: 20px;" type="text"/> E-Mail: <input style="width: 100%; height: 20px;" type="text"/>
BUSINESS TYPE: <input style="width: 100%; height: 30px;" type="text"/>	BUSINESS TYPE: <input style="width: 100%; height: 30px;" type="text"/>
Federal Tax ID #: <input style="width: 100%; height: 20px;" type="text"/>	Federal Tax ID #: <input style="width: 100%; height: 20px;" type="text"/>
Social Security #: <input style="width: 100%; height: 20px;" type="text"/>	Social Security #: <input style="width: 100%; height: 20px;" type="text"/>
Closure of Business Tax Certificate (please provide explanation, i.e. business has closed, business is no longer doing work in the City of Riverside, etc.): <input style="width: 100%; height: 40px;" type="text"/>	

Please note: If your company has a change in ownership, a new business tax certificate may need to be filed. Please contact the Business Tax office at (951) 826-5465 for further instructions.

Digital Signature: Title/Phone: Date: