



REQUEST TO AMEND/UPDATE PUBLIC HEALTH LICENSE INFORMATION

Environmental Health Division
5050 Commerce Drive, Baldwin Park, CA 91706
www.publichealth.lacounty.gov/eh
Telephone: (626) 430-5570 • Fax: (626) 962-1805



REQUEST TO AMEND/UPDATE PUBLIC HEALTH LICENSE INFORMATION

Please provide the following documents for amendments. Photocopies & facsimiles will be accepted, but be prepared to provide copies for illegible and unclear documents.

***Note: Do not use this form for transfer of business location.**

Facility ID:	Program Rec ID:	
Owner Name: (Individual or Corporation)	President Name if Owner is a Corporation:	
Name of Business (DBA):	Email address:	
Business Address:	Telephone:	

Change of business name (DBA)

Old business name (DBA):	New business name (DBA):
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*Note: Please provide a copy of Fictitious Business Name.

Change of mailing address:

Old mailing address:	City:	Zip Code:
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New mailing address:	City:	Zip Code:
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Change of President/ CEO/CFO/ Partner:

Old corporate officer:	New corporate officer:
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*Note: Provide a copy of Current Statement of Information & copy of valid CA ID for new corporate officer.

Change of Partner/s: Add: _____ Remove: _____ Name: _____

Name of person requesting: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Sub district: _____ EHS: _____	Comments:
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