



CITY OF CARSON
 Revenue Division
 701 E. Carson Street, Carson, CA 90745
 Phone: (310) 952-1748

CHANGE ADVICE FORM

Account No. : _____

Existing Record:

Owner(s): _____

DBA: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____

Business Type: _____

Requested Change(s):

Owner(s): _____

DBA: _____

Business Address: _____
(not a PO Box)

Mailing Address: _____

Business Phone: _____

Business Type: _____

Other: _____

Comments: _____

I declare under penalty of making a false statement that to the best of my knowledge and belief, this statement is true and complete.

Signature: _____

Date: _____

OFFICE USE ONLY

Payment due:

License transfer fee: \$20 \$40 Alarm Permit Fee: \$35

Duplicate license fee: \$10 Other: _____

Payment date: _____ Receipt No. _____ By: _____