

NOTICE OF BUSINESS CHANGE

SELLER'S PERMIT NO. (Example: SR KHE XXX-XXXXXX)
BUSINESS NAME
CURRENT BUSINESS LOCATION (<i>street, city, state, zip</i>)

Please complete the applicable sections of this form and send it to the address shown on the reverse. You may wish to retain proof of mailing this form. Use the back if you need more space. **Be sure to sign, include phone number, and date this form on the back.** We will contact you if we need more information. If you have general tax questions, please contact our Information Center at 800-400-7115 or visit our website at www.boe.ca.gov.

SECTION I: ADDRESS CHANGES

NEW BUSINESS LOCATION (<i>street, city, state, zip</i>) (<i>do not use a PO Box</i>)	
DAYTIME TELEPHONE ()	
NEW SUBLOCATION (<i>street, city, state, zip</i>)	

START DATE	
<input type="checkbox"/> Mailing Address if different from business address.	DATE CHANGED
OLD MAILING ADDRESS (<i>street, city, state, zip</i>)	

NEW MAILING ADDRESS (<i>street, city, state, zip</i>)	
<input type="checkbox"/> Moved	DATE MOVED

SECTION II: SELL/CLOSEOUT BUSINESS

HAVE YOU SOLD YOUR BUSINESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, DATE SOLD (<i>see reverse</i>)
LAST DAY OF SALES	

SALES PRICE OF BUSINESS (<i>attach copy of bill of sale</i>) \$	
SALES PRICE OF FIXTURES & EQUIPMENT \$	
HAS YOUR BUSINESS CLOSED? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE CLOSED (<i>see reverse</i>)

<input type="checkbox"/> Closed – Business did not operate (<i>see reverse</i>)	
EXPLAIN HERE	

SECTION III: OWNERSHIP/DBA CHANGES

NEW OWNER'S NAME	
NEW OWNER'S DAYTIME TELEPHONE ()	
HAS BUSINESS NAME (DBA) CHANGED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, DATE CHANGED
NEW NAME	

INCORPORATED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, DATE INCORPORATED
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CORPORATION NAME

CORPORATION ID NO.	DATE
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 Partner or LLC Member Added

NAME	DATE
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 Partner or LLC Member Dropped

NAME


ADDITIONAL INFORMATION

Please use the space provided below to give us additional information to help us update your account.

- If you sold your business, please give us the name and seller's permit number of the purchaser. Also, please list your daytime phone number and address below so that we can send you information. Please include the name of the escrow company, if applicable.
- If you added or dropped more than one partner (or LLC member), provide their names and phone numbers below.
- If you closed your business, please provide your current daytime phone number and address.
- If a seller's permit has been issued, and you have determined that no actual operation of the business took place (did not operate), the permit will be closed with a closeout date identical to the starting date shown on the registration record.

Use the space below for additional information. If necessary, you may attach additional pages. **Contact your district office if you have any questions, or if you want to add or delete a business location (suboutlet).**

IMPORTANT: REMEMBER TO INCLUDE YOUR SELLER'S PERMIT NUMBER ON THE FRONT OF THIS FORM.

SIGNATURE (<i>owner, corp. officer/partner</i>) 	TODAY'S DATE
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PRINT NAME AND TITLE

DAYTIME TELEPHONE ()	FAX ()
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E-MAIL ADDRESS

Mail this form to:

State Board of Equalization
Attn: LRAU/Registration Team, MIC:27
PO Box 942879, Sacramento, CA 94279-0027