



# county of ventura

## TRANSFER OF BUSINESS TAX CERTIFICATE PAYMENT MUST ACCOMPANY REQUEST

### PLEASE PROVIDE THE FOLLOWING INFORMATION

<input type="checkbox"/> NAME CHANGE		<input type="checkbox"/> ADDRESS CHANGE	
<b>BUSINESS TAX CERTIFICATE# REQUIRED</b>		<b>EXPIRATION DATE: REQUIRED</b>	
NEW BUSINESS/APPLICANT NAME:		NEW BUSINESS LOCATION:	
NEW MAILING ADDRESS:		BUSINESS PHONE:	
KIND OF BUSINESS: <input type="checkbox"/> WHOLESALE <input type="checkbox"/> RETAIL <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> SERVICES <input type="checkbox"/> REAL ESTATE <input type="checkbox"/> OTHER			
<b>COMPLETE DESCRIPTION OF BUSINESS</b>			
DATE OF TRANSFER OF BUSINESS: MONTH		DAY	YEAR
CONTRACTORS NO.:		FEDERAL ID OR SOCIAL SECURITY #	
TYPE OF OWNERSHIP: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT			
LIST OWNERS, PARTNERS OR OFFICERS:	RESIDENCE ADDRESS:	TELEPHONE NUMBER	

I, The undersigned, under penalty of the perjury laws of the State of California, swear that the statements herein are true, full and correct to the best of my knowledge and belief.

Applicant(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE: Upon receipt of this application, a permanent certificate will be issued to you which will be valid for the remainder of the year.

**TRANSFER FEE \$25.00**

MAKE CHECK PAYABLE TO:

VENTURA COUNTY  
TAX COLLECTOR  
BUSINESS TAX BUREAU  
800 S.VICTORIA AVENUE  
VENTURA, CA 93009-0002

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FOR OFFICIAL USE ONLY	
TRANS#	LICENSE #
AMOUNT	REISSUE DATE