



**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 \$25.00 fee will apply.

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

FROM	TO
<b>BUSINESS NAME:</b> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	<b>BUSINESS NAME:</b> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
<b>BUSINESS ADDRESS:</b> Street Address: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> City: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div> State: <div style="border: 1px solid black; width: 50px; margin-top: 5px;"></div> Zip Code: <div style="border: 1px solid black; width: 100px; margin-top: 5px;"></div>	<b>BUSINESS ADDRESS:</b> Street Address: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> City: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div> State: <div style="border: 1px solid black; width: 50px; margin-top: 5px;"></div> Zip Code: <div style="border: 1px solid black; width: 100px; margin-top: 5px;"></div>
<b>MAILING ADDRESS:</b> Street Address: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> City: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div> State: <div style="border: 1px solid black; width: 50px; margin-top: 5px;"></div> Zip Code: <div style="border: 1px solid black; width: 100px; margin-top: 5px;"></div>	<b>MAILING ADDRESS:</b> Street Address: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> City: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div> State: <div style="border: 1px solid black; width: 50px; margin-top: 5px;"></div> Zip Code: <div style="border: 1px solid black; width: 100px; margin-top: 5px;"></div>
<b>CONTACT INFORMATION:</b> Telephone #: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div> Fax #: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div> E-Mail: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div>	<b>CONTACT INFORMATION:</b> Telephone #: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div> Fax #: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div> E-Mail: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div>
<b>BUSINESS TYPE:</b> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	<b>BUSINESS TYPE:</b> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
Federal Tax ID #: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div>	Federal Tax ID #: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div>
Social Security #: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div>	Social Security #: <div style="border: 1px solid black; width: 100%; margin-top: 5px;"></div>
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.): <div style="border: 1px solid black; height: 50px; width: 100%; margin-top: 10px;"></div>	

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.

Signature:

Phone:

Date: