



**CHANGE OF MAILING ADDRESS FORM**

**Permit Type(s):** (check all that apply)

<input type="checkbox"/> Food Facility	<input type="checkbox"/> Massage Establishment	<input type="checkbox"/> Healthy Housing / Hotel	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Laundry	<input type="checkbox"/> Massage Practitioner	<input type="checkbox"/> Weights & Measures	<input type="checkbox"/> Water
<input type="checkbox"/> Pet Facility	<input type="checkbox"/> Body Art Establishment	<input type="checkbox"/> Medical Cannabis	<input type="checkbox"/> Pool
<input type="checkbox"/> Tobacco	<input type="checkbox"/> Body Art Practitioner	<input type="checkbox"/> Solid Waste	<input type="checkbox"/> Well
<input type="checkbox"/> Other			

If applicable, SF Tax Collector Business Account Number (BAN): \_\_\_\_\_

Permit Number: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Business Address: \_\_\_\_\_

**Old Mailing Address** (include City, State, & ZIP):

\_\_\_\_\_

**New Mailing Address** (include City, State, & ZIP):

\_\_\_\_\_

Name (PRINT NAME): \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that this declaration is subject to review by the Department of Public Health, Environmental Health Branch. I declare under penalty of perjury that I am an authorized representative of this business entity and that the information contained herein is true and complete to the best of my knowledge and belief.*