

Account # _____

Customer ID # _____

License Ref # _____



ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION-BUSINESS LICENSE TAX
425 North El Dorado Street • PO Box 1570 • Stockton, CA •95201
Phone (209) 937-8313
Email: bl@stocktonca.gov
www.stocktonca.gov

REQUEST FOR DUPLICATE LICENSE CERTIFICATE

I, _____ hereby declare as follows
Print Owner's Full Name

Business Name (DBA) _____

Located at: _____
Business Address, City, State, and Zip Code

I, request a duplicate license because the original (or previously issued duplicate) license certificate has been (select one):

_____ Lost _____ Destroyed

Please use the space below to describe the circumstances surrounding the loss or destruction:

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this _____ day of _____, 20__ in _____
(location where signed)**

LICENSEE (SIGNATURE)

BELOW THIS LINE FOR OFFICE USE ONLY

Signature of Staff Person Issuing Business License Certificate

Date