



**COMMERCIAL FISH BUSINESS CHANGE OF ADDRESS FORM**

**CHANGE OF ADDRESS:** FGC Section 8032.5(e) requires licensees who move or acquire a new or additional plant, facility, or other place of business for profit involving fish, shall notify the Department of the address within three months of commencing business activities at the address .

DEALER ID# \_\_\_\_\_

GO ID# \_\_\_\_\_

FIRST NAME	M.I.	LAST NAME	
BUSINESS NAME		PLANT NAME(S)	

<b>PREVIOUS MAILING ADDRESS</b>	MAILING ADDRESS		
	CITY	STATE	ZIP CODE

<b>CURRENT MAILING ADDRESS</b>	MAILING ADDRESS		
	CITY	STATE	ZIP CODE
	STREET ADDRESS		
	CITY	STATE	ZIP CODE
	DAY TELEPHONE NUMBER (Voluntary)	E-MAIL ADDRESS	

<b>PREVIOUS MAILING ADDRESS</b>	PLANT NAME	PLANT MAILING ADDRESS	
	CITY	STATE	ZIP CODE

<b>CURRENT MAILING ADDRESS</b>	PLANT MAILING ADDRESS		COUNTY
	CITY	STATE	ZIP CODE
	STREET ADDRESS		CONTACT PERSON OF THIS LOCATION
	CITY	STATE	ZIP CODE
	DAY TELEPHONE NUMBER (Voluntary)	E-MAIL ADDRESS	

<b>PREVIOUS MAILING ADDRESS</b>	PLANT NAME	PLANT MAILING ADDRESS	
	CITY	STATE	ZIP CODE

<b>CURRENT MAILING ADDRESS</b>	PLANT MAILING ADDRESS		COUNTY
	CITY	STATE	ZIP CODE
	STREET ADDRESS		CONTACT PERSON OF THIS LOCATION
	CITY	STATE	ZIP CODE
	DAY TELEPHONE NUMBER (Voluntary)	E-MAIL ADDRESS	

SIGNATURE	DATE
<b>X</b>	