



BUSINESS PARTNER AUTOMATION PROGRAM APPLICATION FOR CHANGES

SITE ID

PLEASE TYPE OR PRINT CLEARLY

NAME (IF CHANGING NAME OF COMPANY PRINT PRIOR NAME)

Check appropriate box(es) for change(s) being made:

- | | |
|---|---|
| <input type="checkbox"/> Closing site | <input type="checkbox"/> Changing controlling director(s) and/or officers |
| <input type="checkbox"/> Changing business, corporate name, Limited Liability Company (LLC) name, or DBA name | <input type="checkbox"/> Changing members of Limited Liability Company |
| <input type="checkbox"/> Adding site | <input type="checkbox"/> Change of Partner(s) or Stockholder(s) |
| <input type="checkbox"/> Changing address of principal place of business or site | <input type="checkbox"/> Change of floorplan and/or adding a terminal |
| <input type="checkbox"/> Adding employee <input type="checkbox"/> Deleting employee | <input type="checkbox"/> Changing processing address only |

CHANGING COMPANY NAME — Meeting minutes for corporate name change **MUST BE ATTACHED**

PRINT NEW NAME

ADDING OR CHANGING ADDRESS

NEW ADDRESS (NUMBER AND STREET)

TELEPHONE NUMBER

()

CITY

STATE

ZIP CODE

PRIOR ADDRESS IF CHANGING (NUMBER AND STREET)

TELEPHONE NUMBER

()

CITY

STATE

ZIP CODE

ADDING OR DELETING EMPLOYEES (The Business Partner must notify the department of all employee changes) Each employee being added must submit a personal history questionnaire and have live scan fingerprinting done.

EMPLOYEE ADDED OR DELETED (CHECK APPROPRIATE BOX)

DATE EMPLOYEE ADDED OR DELETED

ADD DELETE

TRUE FULL NAME (LAST, FIRST, MIDDLE)

BIRTH DATE

DL OR ID NUMBER

STATE ISSUED

RESIDENCE ADDRESS (NUMBER/STREET)

CITY

STATE

ZIP CODE

EMPLOYEE ADDED OR DELETED (CHECK APPROPRIATE BOX)

DATE EMPLOYEE ADDED OR DELETED

ADD DELETE

TRUE FULL NAME (LAST, FIRST, MIDDLE)

BIRTH DATE

DL OR ID NUMBER

STATE ISSUED

RESIDENCE ADDRESS (NUMBER/STREET)

CITY

STATE

ZIP CODE

CERTIFICATION

I agree to notify the department in writing of any change in location, ownership, or legal structure of this business and to submit new Business Partner Automation Program application properly reflecting the changes together with the required fees. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE

PRINTED NAME

EMAIL ADDRESS

SIGNATURE OF AUTHORIZED AGENT

X

TITLE

ADDING OR DELETING DIRECTOR(S)/OFFICER(S)/PARTNER(S)/STOCKHOLDER(S)/MANAGEMENT/SUPERVISORS

If adding or deleting director(s)/officer(s)/partner(s)/stockholder(s)/management/supervisors, list all director(s), officer(s), partner(s), stockholder(s), management, and supervisors who, by reason of the facts and circumstances, could direct, control or manage the business partner office. If there are additional names, please attach a list.

Please note: Each individual listed below as being added must submit a Personal History Questionnaire and have Live Scan fingerprinting completed.

DATE ADDED	DATE DELETED	TRUE FULL NAME (Last, First, Middle)	TITLE

CERTIFICATION

I agree to notify the department in writing of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	SIGNATURE OF INDIVIDUAL OWNER, ANY PARTNER, AN OFFICER OF CORPORATION, OR MEMBER LLC	TITLE
	X	

ADDING OR DELETING MEMBER(S) OR MANAGER(S) LIMITED LIABILITY COMPANY

If adding or deleting member(s) or manager(s) of a limited liability company, list all controlling member(s) or manager(s) who, by reason of the facts and circumstances, could direct, control or manage the business partner office. If there are additional names, please attach a list.

Please note: Each individual listed below as being added must submit a Personal History Questionnaire and have Live Scan fingerprinting completed.

DATE ADDED	DATE DELETED	TRUE FULL NAME (Last, First, Middle)	TITLE

CERTIFICATION

I agree to notify the department in writing of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	SIGNATURE OF INDIVIDUAL OWNER, ANY PARTNER, AN OFFICER OF CORPORATION, OR MEMBER LLC	TITLE
	X	

IF CORPORATION, CORPORATE SEAL MUST BE PRESENT