



Change Request Form

Name of Business: _____ License Number: _____

Business Address: _____

Name of Business Owner: _____ Business Phone: _____

Home Address: _____ Email: _____

PLEASE FILL OUT ONLY THE SECTION THAT APPLIES TO YOUR BUSINESS CHANGE REQUEST:

CLOSED BUSINESS: Date that business ceased (or will cease) operations: _____

If after June 30th, current business license paid? _____ Past Personal tax paid? _____

MOVED BUSINESS: Moving Outside City Limits: ___ Yes ___ No Date of Move: _____

New Business Address / Location: _____

If inside city limits, please complete new Emergency Contact Form for your business.

Moved from residential to commercial? ___ Yes ___ No If yes, provide Fire Marshal Insp. Health Dept. Cert

Moved from commercial to residential? ___ Yes ___ No If yes, complete Home Occupation Affidavit

NEW BUSINESS NAME: _____

SOLD BUSINESS: Date of Sale: _____ Buyers Name: _____

Buyers Address: _____

Buyers Phone Number: _____ Buyers Email: _____

New ownership of a business requires a new application.

I hereby certify that I have provided complete and accurate information above.

Signature

Date

Print Name

Business Title

RECEIVED BY: _____

Office Use Only:

DATE: _____