

## Business Information Change Form

License #: \_\_\_\_\_

Business Name: \_\_\_\_\_

### **Change of Mailing Address**

Old Mailing Address: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

### **Change of Business Name**

Old Business Name: \_\_\_\_\_

New Business Name: \_\_\_\_\_

### **Change of Contact Information**

New Telephone #: \_\_\_\_\_ New Fax #: \_\_\_\_\_

New Email: \_\_\_\_\_

### **Change of Business** *New Occupational Tax Application Required*

Location       Use       Entity

Old Business Information (Description): \_\_\_\_\_

New Business Information (Description): \_\_\_\_\_

**Requests will not be processed until the fee payment is received. Please allow 15 business days from receipt to complete the request.**     Check for \$25.00 payable to City of Doraville

#### **MAIL REQUEST AND FEE TO:**

City of Doraville  
ATTN: Business Services  
3725 Park Ave.  
Doraville, GA 30340

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_