

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 Owner

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 \$50.00 payable to City of Doraville

MAIL REQUEST AND FEE TO:

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

Signature: _____

Date: _____