



CHANGE REQUEST FORM OCCUPATIONAL TAX CERTIFICATE

745 Forest Parkway Forest Park, GA 30297

Phone: (404)366-4720 Fax: (404)608-2344

Business License Number: _____

Business Name Change Business Address Change Moved Business Sold Business

| |
|-------------------------------------|
| Current Business Name: _____ |
| Current d/b/a: _____ |

| | |
|-----------------------------|--|
| Business Name Change | New Corporation Name: _____ New D/B/A (doing business as) _____ |
|-----------------------------|--|

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|--------------------------------|--|
| Business Address Change | Current Business Address: _____ New Business Address: _____ |
|--------------------------------|--|

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|-----------------------|--|
| Moved Business | Moving Outside of Forest Park Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Move: _____ Residential to Commercial? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, provide copy of lease, CO, Health Dept Certification or Dept Agriculture Food Sales Permit) if applicable Commercial to Residential? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete and submit Home Occupation Affidavit |
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|----------------------|--|
| Sold Business | Date of Sale : _____ Buyers Name: _____ Buyers Phone Number: _____ Buyers Email: _____ <p style="text-align: center;"><i>New ownership of a business requires a new application.</i></p> |
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I hereby certify that I have provided complete and accurate information above.

I, We _____, have requested changes to the above referenced business
(Business Owners Name)

on this _____ of _____, 20____
(Day) (Month) (Year)

Occ. Tax Officer Route to: Prop Tax Officer _____ Alcohol Officer _____ Sanitation Dept. _____ Report to County _____