

Change Request Form Occupational Tax Certificate

		Occupational rax certificate	
	of Business (d/b/a):	Business License #:	
Current Business Address:			
Name of Business Owner: Home Address: Email: Business Phone:			
ONLY COMPLETE THE SECTION THAT APPLIES TO YOUR BUSINESS CHANGE REQUEST:			
CLOSED Business		rrent occupational tax paid? Past Business/Inventory tax paid?	
	*** Please notify Gwinnett County Tax Assessors office of your closure at 770-822-8800.		
MOVED Business		Dacula City limits: ☐ Yes ☐ No Date of Move:	
	New Business Addr	ess/Location:	
		ntial to commercial? Yes No If yes, provide copy of lease, City CO, Fire Marshal Certificate	
	Moved from comm	ercial to residential? 🗆 Yes 🗀 No If yes, complete and submit Home Business Affidavit	
SOLD Business	Date of Sale:	Buyers Name:	
	Duniora Addressi		
	Buyers Phone Num	ber: Buyers Email:	
		New ownership of a business <u>requires</u> a new application.	
OTHER Changes	New Business Nam	e:	
		SS:	
	New Mailing Addres	55	
	Other:		
Sec. 12-19 Change of location; change of personnel; ceasing of business. (a) Any person moving from one location to another shall notify the licensing and revenue manager in writing in the format specified of the move and the new address no later than the day of moving. Upon surrender of the original occupation tax certificate to the City, and upon submission of the required information, a new certificate will be issued for the new location as long as the new location conforms to the zoning or fire codes and other applicable regulations of the county.(b) It shall be the responsibility of the president of the corporation, local manager, or owner of a business to notify the licensing and revenue manager or his/her designee(s) of any changes in personnel to be notified in the event of an emergency. This notification shall be made in writing within ten days of the effective date of the change.(c)Any person who shall cease operating the business for which an occupational tax certificate has been issued shall notify the licensing and revenue manager or his/her designee(s), in writing, within ten days of ceasing business. I hereby certify that I have provided complete and accurate information above.			
Signature		 Date	
Print Name		 Business Title	
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