



CHANGE REQUEST (Business License/Occupational Tax)

Business Name: _____ Business License Number: _____
 Business Address: _____
 Business Phone: _____
 Business Owner: _____ Owner Mobile Phone: _____

CLOSED BUSINESS ** Please notify Gwinnett County Tax Assessors office of your closure at 770-822-8800

Date business ceased (will cease) operations: _____ Are current fees paid? _____

MOVED BUSINESS

Date of move: _____

New Address: _____

	Moved from Residential to Commercial	Moved from Commercial to Residential	Moved from Commercial to Commercial
Provide Lease	✓		✓
Fire Marshal Certificate	✓		✓
Planning & Zoning Certificate	✓	✓	✓
Environmental Health Certificate	✓		✓
Complete and Submit Home Occupation Affidavit		✓	

CHANGE IN MAILING ADDRESS

New Address: _____

CHANGE OF BUSINESS NAME

New Name: _____

Business Licenses/Occupational Tax Certificates are non-transferable. If you have sold the business, the new owner must obtain a new License/Certificate.

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

Signature: _____ Date: _____

Print Name: _____ Title: _____

Office Use Only | Received by: _____ Date: _____