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) _____

Business Address Change

Current Business Address: _____

New Business Address: _____

Moved Business

Moving Outside of Forest Park Limits: ☐ Yes ☐ No
Date of Move: _____

Residential to Commercial? Yes ☐ No ☐ (If yes, provide copy of lease, CO, Health Dept Certification or Dept Agriculture Food Sales Permit) if applicable
Commercial to Residential? Yes ☐ No ☐ If yes, complete and submit Home Occupation Affidavit

Sold Business

Date of Sale :_____ Buyers Name: _____
Buyers Phone Number: _____
Buyers Email: _____

New ownership of a business requires a new application.

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 ____