

## Business License Amendment Form

Check all boxes that apply and fill in any changes below

Change of Mailing Address	Change of Physical Location (also see Planning Department)	Business Closed or Moved out of City Limits	Business Sold
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Business Name:** \_\_\_\_\_

**New Mailing Address:** \_\_\_\_\_

**New Physical Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**New Contact Name(s):** \_\_\_\_\_

**Date Closed:** \_\_\_\_\_ or **Date Moved out of City:** \_\_\_\_\_

**New Location:** \_\_\_\_\_

**Date Sold:** \_\_\_\_\_

**Sold To:** \_\_\_\_\_

Name

Phone

Mailing Address

**Owner/Authorized Signer:** \_\_\_\_\_

For office use only:

Date Reviewed	Finance Department Reviewed By	New License Issued	Notified Planning Department