



Change Request Form Occupational Tax Certificate

Name of Business (d/b/a):		Entity:	
Current Business Address:			
Name of Business Owner:		Home Address:	
Email:	Cell Phone:	Business Phone:	

ONLY COMPLETE THE SECTION THAT APPLIES TO YOUR BUSINESS CHANGE REQUEST:

CLOSED Business	Date that business ceased (or will cease) operations: _____ If after March 31, current occupational tax paid? _____ Past Business/Inventory tax paid? _____
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***** Please notify Gwinnett County Tax Assessors office of your closure at 770-822-8800.**

MOVED Business	Moving outside of Dacula City limits: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Move: _____ New Business Address/Location: _____ Moved from residential to commercial? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide copy of lease, City CO, Fire Marshal Certificate Moved from commercial to residential? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete and submit Home Business Affidavit
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SOLD Business	Date of Sale: _____ Buyers Name: _____ Buyers Address: _____ Buyers Phone Number: _____ Buyers Email: _____ <p style="text-align: center;">New ownership of a business requires a new application.</p>
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OTHER Changes	New Business Name: _____ New Mailing Address: _____ Other: _____
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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

Office Use Only: RECEIVED BY: _____ DATE: _____