



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? _____

SOLD TO

New Owner Name: _____
 Phone Number: _____ Email: _____

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

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		✓	

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

Signature: _____ Date: _____
 Print Name: _____ Title: _____

Office Use Only | Received by: _____ Date: _____