



**Business License Division
188 Third Street Macon, GA 31201**

(478) 621-6500

CHANGE OF BUSINESS NAME/INFORMATION FORM*

Original form must be submitted along with a copy of the Requestor's legal identification

BUSINESS INFORMATION	
Federal Employer ID #:	Georgia Sales Tax ID #:
Type of Business:	Is This a Home-Based Business: YES <input type="checkbox"/> NO <input type="checkbox"/>

Business Name: _____

Owner/Corporation/LLC Name: _____

Local Business Address (No P.O. Box): _____

Mailing Address: _____

Local Business Phone Number: _____ Email Address: _____

Does this business hold an alcohol license? YES NO

REQUESTED CHANGES

Please Check All That Apply and Complete Requested Changes Below:

- New Business Name: _____
- New Mailing Address: _____
- New Local Phone Number: _____
- New Contact/Contact's Phone Number: _____

ACKNOWLEDGEMENT AND CONFIRMATION

I, the undersigned, do hereby declare under penalty of making false declaration, that I am the person duly authorized by the business herein named to complete this form. In addition, I certify that to the best of my knowledge, all information provided is true and correct.

Requestor's Printed Name: _____

Requestor's Signature: _____

Requestor's Job Title: _____ **Date:** _____

Original form must be submitted along with a copy of the Requestor's legal identification.

*If the business changes ownership or changes address, the new business application and process must be completed. Please call 478-621-6500 for questions or more information.