



CITY OF ATLANTA  
 DEPARTMENT OF FINANCE | OFFICE OF REVENUE  
 55 TRINITY AVENUE, S.W. – SUITE 1350 ATLANTA, GEORGIA 30303  
 PHONE: (404) 330-6270 | EMAIL: [BIZTAX@ATLANTAGA.GOV](mailto:BIZTAX@ATLANTAGA.GOV)



**BUSINESS INFORMATION CHANGE FORM**

**Purpose:** To change your business name, physical business location, mailing address or contact information has changed since your last application for a Business License was registered with the City of Atlanta. **If your physical business location has changed, Zoning approval and a \$50 processing fee are required.**

Per Sec. 30-74 of the City of Atlanta Code of Ordinances, any person registered with the Office of Revenue and who changes the place of operation must present zoning approval to the Office of Revenue within 3 business days.

***Please note changes below:***

Old Business Name: \_\_\_\_\_ New Business Name: \_\_\_\_\_

Old Location Address: \_\_\_\_\_ New Location Address: \_\_\_\_\_

Old Mailing Address: \_\_\_\_\_ New Mailing Address: \_\_\_\_\_

**Account Information:**

Business License #: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Requestor Name/Title: \_\_\_\_\_ **(Must be Licensee/Agent)**

Does this business hold an alcohol license? YES ( ) NO ( )

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**ACKNOWLEDGEMENT AND CONFIRMATION**

I declare under penalty of making false declaration, that I am authorized to complete this form and to the best of my knowledge and belief, it is a true, correct and complete statement made in good faith.

\_\_\_\_\_  
 Signature Title Date

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**OFFICIAL USE ONLY**

Zoning Approved: ( ) Zoning Denied: ( )

Conditions: \_\_\_\_\_

Lot: \_\_\_\_\_ District: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_