



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



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 ()

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

OFFICIAL USE ONLY

Zoning Approved: () Zoning Denied: ()

Conditions: _____

Lot: _____ District: _____ Zoning District: _____

Approved By: _____ Date: _____

Revised 8/2018

