

# Change Request Business/Occupational Tax

## CITY OF LAWRENCEVILLE

Planning and Zoning Department  
70 S Clayton St  
Lawrenceville, GA 30046  
Ph: 678-407-6583 Fax: 678-407-6699



NAME OF BUSINESS (DBA)	BUSINESS LICENSE NUMBER
BUSINESS ADDRESS	BUSINESS PHONE NUMBER
NAME OF BUSINESS OF BUSINESS OWNER	OWNER HOME ADDRESS
EMAIL	CELL PHONE NUMBER

**PLEASE FILL OUT ONLY THE SECTION THAT APPLIES TO YOUR BUSINESS CHANGE REQUEST:**

<b>CLOSED Business</b>	<p>Date that business ceased (or will cease) operations: _____</p> <p>Are current fees paid: _____</p>
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<b>MOVED Business</b>	<p>Moving Outside of Lawrenceville City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of Move: _____</p> <p>New Business Address/Location: _____</p> <p>Moved from residential to commercial? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide copy of lease, CO, Fire Marshal Cert., Health Dept Cert</p> <p>Moved from commercial to residential? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete and submit Home Occupation Affidavit</p> <p>Moved from commercial to commercial? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide copy of lease, Co, Fire Marshal Cert, Health Dept Cert</p>
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<b>SOLD Business</b>	<p>Date of Sale: _____ Buyers Name: _____</p> <p>Buyers Address: _____</p> <p>Buyers Phone Number: _____ Buyers Email: _____</p> <p style="text-align: center;"><b>New ownership of a business requires a new application.</b></p>
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<b>OTHER CHANGE</b>	<p>Found vacant? _____ Date: _____ New Tenant: _____</p> <p>New Business Name: _____ New License Number: _____</p> <p>Other: _____</p>
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**I hereby certify that I have provided complete and accurate information above.**

SIGNATURE	DATE
PRINT NAME	TITLE