

**City of Lawrenceville**  
Planning and Zoning Department  
70 S. Clayton St.  
Lawrenceville, Ga 30046  
Ph: 678-407-6583 Fax: 678-407-6699

**BUSINESS LICENSE/OCCUPATIONAL TAX  
CHANGE REQUEST**

Business Name: \_\_\_\_\_ Business License Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Owner Cell Phone: \_\_\_\_\_

**CLOSED BUSINESS:**

Date business ceased (will cease) operations: \_\_\_\_\_ Are current fees paid: \_\_\_\_\_

**MOVED BUSINESS:**

Date of move: \_\_\_\_\_ New address: \_\_\_\_\_

Moved from residential to commercial: Provide lease, Fire Marshal Cert., Environmental Health Cert.

Moved from commercial to residential: Complete and submit a Home Occupation Affidavit.

Moved from commercial to commercial: Provide lease, Fire Marshal Cert., Environmental Health Cert.

**CHANGE OF MAILING ADDRESS:**

New address: \_\_\_\_\_

**CHANGE OF BUSINESS NAME:**

NEW NAME: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_