



CHANGE OF ADDRESS FORM:

MOVING INFORMATION:

Instructions: Provide a copy of the new lease and fire inspection report to the Tax and Licensing Department to complete the change of address process.

1. Business Information:

Name of Business or Corporation

Certificate Number: _____ Contact Number: _____

Fax: _____ Email Address: _____

2. Old Address:

Street: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

3. New Address:

Street: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Note: This form is to be used if you are changing your location address after the submittal of the initial application for a business license. You must have an application already on file to change the location address.

****Griffin Fire Department Contact Information: 770-229-6432 or 770-229-6415. ****

For Office Use Only:

Map: _____ Block: _____ Lot: _____ Zoning: _____ Zoning Ordinance Section: _____

Zoning Approved: _____ Zoning Denied: _____ Reason for Denial: _____

Signature of P & D Director: _____ Date: _____