



## CITY OF KENNESAW BUSINESS LICENSE OFFICE

2529 J.O. STEPHENSON AVENUE, KENNESAW, GEORGIA 30144

(770) 424-8274 (OFFICE) (770) 429-4559 (FAX)

[www.kennesaw-ga.gov](http://www.kennesaw-ga.gov)

### OCCUPATIONAL TAX NAME/ADDRESS CHANGE FORM

\$10.00 fee

DATE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

CIRCLE ALL THAT APPLY:

NAME CHANGE

ADDRESS CHANGE

CURRENT NAME OF BUSINESS \_\_\_\_\_

CURRENT BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT \_\_\_\_\_

NEW BUSINESS NAME \_\_\_\_\_

NEW BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

**A NEW CERTIFICATE OF OCCUPANCY MAY BE REQUIRED, CONTACT THE CITY OF KENNESAW BUILDING SERVICES DEPARTMENT FOR FURTHER INFORMATION.**

\_\_\_\_\_  
SIGNATURE OF BUSINESS OWNER

\_\_\_\_\_  
PRINT OWNERS NAME

\_\_\_\_\_  
DATE

**LEGAL OWNER OF PROPERTY**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**OFFICE USE ONLY**

ZONING TYPE \_\_\_\_\_

CERTIFICATE OF OCCUPANCY \_\_\_\_\_

PAYMENT RECEIVED \_\_\_\_\_

PAYMENT TYPE \_\_\_\_\_

DATE \_\_\_\_\_