PLEASE NOTE:



Proposed occupancy must comply with applicable zoning requirements. Failure to do so is a violation of City Code.

BUSINESS NAME CHANGE/CHANGE OF OWNERSHIP APPLICATION

PROJECT ADDRESS:	
BUILDING SQUARE FOOTAGE:	
TENANT	INFORMATION
SALES TAX ID#	
BUSINESS NAME:	
CONTACT:	PHONE:
EMAIL:	
MAILING ADDRESS:	
*Attach a signed letter of detail description regar	rding use and products to be sold on company letterhead.
BUILDING OV	VNER INFORMATION
OWNER NAME:	
CONTACT:	PHONE:
MAILING ADDRESS:	
REASON FOR CHANGE (SELECT ONE):	
NEW MANAGEMENT BUSINESS NA	AME CHANGE TURN POWER ON TO SHOW
OTHER	
PREVIOUS TENANT:	
NEW TENANT:	
	TES NO IF YES WHAT TYPE OF WORK WILL BE ck with the Permit Department before starting any remodel work.)
APPLICANT SIGNATURE DATE	APPLICANT PHONE NO.
FOR OFFICE USE:	
ZONING DISTRICT:	APPROVED USE:
BUILDING: FIRE:	FOOD: STATE SALES TAX: