



Change Request Occupational Tax Certificate

Name of Business (d/b/a): _____ License Number: _____

Current Business Address: _____

Name of Business Owner: _____ Home Address: _____

Email: _____ Cell Phone: _____ Business Phone: _____

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

CLOSED Business	Date that business ceased (or will cease) operations: _____ If after April 30 th , current occupational tax paid? _____ Past Business/Inventory tax paid? _____
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MOVED Business	Moving Outside of Duluth City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Move: _____ New Business Address/Location: _____ <i>If inside city limits, please complete new Emergency Contact Form for your business.</i> 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 Moved from commercial to residential? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete and submit Home Occupation Affidavit
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SOLD Business	Date of Sale: _____ Buyers Name: _____ Buyers Address: _____ Buyers Phone Number: _____ Buyers Email: _____ New ownership of a business <u>requires</u> a new application.
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OTHER Changes	Found vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ New Tenant: _____ New Business Name _____ New License# _____ New Mailing Address: _____ Other _____
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Sec. 7-14. - Change of location; change of name.

Any business required to register with the city shall notify the city clerk or clerk's designee of any change in location or change in name prior to the day of the move or the effective date of the change. Any business moving to a new location within the city or changing their business name shall pay an administrative fee of \$50.00 to the city clerk or clerk's designee for the processing and issuance of a new occupational tax certificate. (Ord. of 8-8-11)

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

Signature

Date

Print Name

Business Title

Office Use Only:

RECEIVED BY: _____ DATE: _____

Occ Tax Officer Route to: → Prop Tax Officer _____ Alcohol Officer _____ Compliance Officer _____ Report to County _____