



Change Request Occupational Tax Certificate

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

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: _____ <i>New ownership of a business requires a new application.</i>
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OTHER Change	Found vacant?: _____ Date: _____ New Tenant?: _____ New Business Name: _____ New License #: _____ Other: _____
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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: à Prop Tax Officer _____ Alcohol Officer _____ Compliance Officer _____ Report to County _____