



# CHANGE OF BUSINESS ADDRESS NOTIFICATION

License # \_\_\_\_\_

Date: \_\_\_\_\_

Business Name/DBA \_\_\_\_\_

Business Phone # \_\_\_\_\_

Previous Location Address \_\_\_\_\_

**New Address & Contact Information (must provide copy of signed lease or proof of ownership)**

Owner/Manager Full Name \_\_\_\_\_

New Location Address \_\_\_\_\_

Mailing Address (if different from location address) \_\_\_\_\_

**Relocation Effective Date:** \_\_\_\_\_

*In accordance with the Chapter 26 of the Code of Ordinances of the City of Pooler, Georgia, I the undersigned certify that I am the person duly authorized to make this application for the change of address of this occupational tax certificate, alcohol license or other permit in the City of Pooler. By signature below, I affirm that the information provided is true, correct, and complete. **\*include copy of current State Identification/Driver's License.***

Signature: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

**Completed applications should be mailed to the City of Pooler,  
Attn: Finance Dept/Business Registration, 100 SW Highway 80, Pooler, GA 31322 or  
emailed to [finance@pooler-ga.gov](mailto:finance@pooler-ga.gov)**

**STAFF USE ONLY**

Received by Business Registration staff: \_\_\_\_\_  
*Initials* *Date* *Issued*

<u>Zoning:</u>	
PIN # _____	Zoning _____
Acceptable Use: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Zoning Staff Signature: _____	
Date: _____	
Building/Life Safety: CO'd <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Building/Life Safety Staff Signature: _____	
Date: _____	