

## **Change of Mailing Address for Occupation Tax Certificate**

Business Name & Contact Information	n Control Number:		License	License Number:			
Business Name/DBA				Business	Business Telephone		
Location Address		Suite/ Unit	City	State	Zip Code		
		Onic					
Previous Mailing Address		Suite/ Unit	City	State	Zip Code		
		onic					
New Mailing Address							
Name of Business Owner/Contact Industry D	Description – brief description of primary business activity						
New Mailing Address		Suite/ ( Jnit	City	State	Zip Code		

By signing below, I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true and correct.

Signature of Applicant	Print Name of Applicant	Title	Date

STAFF USE: REVENUE: Initials: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_