

BUSINESS LICENSE CHANGE OF ADDRESS FORM

Please complete the form below and provide all required attachments to update your business location address. If you require a mailing address change only, please contact our office at 678-377-4100.

CURRENT BUSINESS LOCATION INFORMATION ON FILE

Account Number OR Certificate Number:

Complete Business Name (DBA):

Business Address is Changing From (Address):

City:

State:

Zip Code:

UPDATED BUSINESS LOCATION INFORMATION

Which of the following best describes the new address? Commercial Office Home Office

Business Address is Changing To (Address):

City:

State:

Zip Code:

Business Phone #:

UPDATED MAILING ADDRESS (if applicable)

Care Of Name:

New Mailing Address:

City:

State:

Zip Code:

ADDITIONAL INFORMATION REQUIRED

If your updated business location is a **COMMERCIAL** address, you must attach:

- ✓ Copy of completed Certificate of Occupancy reflecting the updated address (If operating under a DBA/Fictitious Name, the Certificate of Occupancy must be issued in that name) – if you have questions about how to apply for a Certificate of Occupancy, please contact Building Plan Review & the Fire Marshal at 678-518-6000
- ✓ If this business is regulated by the Georgia Department of Agriculture or Health Department, you must provide copies of new inspections, reflecting the updated address
- ✓ If this business requires any sort of professional license to operate in the state of Georgia, you must also provide a new copy of the professional license, reflecting the updated address
- ✓ If this business has an Alcoholic Beverage License, please call to speak with Licensing & Revenue at 678-377-4100 before submitting your documents as there will be additional requirements
- ✓ Include original (color) current year business license

If your updated business address is a **HOME (RESIDENTIAL)** address, you must attach:

- ✓ A clear front AND back copy of your Georgia Driver's License/Photo Identification Card reflecting the updated home address – **we do not accept any other proof of address**
- ✓ If this business requires any sort of professional license to operate in the state of Georgia, you must also provide a new copy of the professional license, reflecting the updated address
- ✓ Include original (color) current year business license

SIGNATURES

Signature of Authorized Person Completing Form:

Today's Date:

Printed Name of Authorized Person Completing Form:

Contact # or Email Address:

Submit to Gwinnett County Licensing & Revenue - (678) 377-4100

EMAIL:

Gc-license-revenue@gwinnettcounty.com

BY MAIL:

PO BOX 1045 Lawrenceville, GA 30046