



## BUSINESS LICENSE ~ CHANGE OF BUSINESS NAME

Please complete and return by mail or in person to:

City of Milton  
13000 Deerfield Pkwy  
Ste 107G  
Milton GA 30004

### OWNER/LICENSEE:

Name (*Applicant*) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### BUSINESS INFORMATION:

Current Business Name \_\_\_\_\_

DBA \_\_\_\_\_

New Business Name \_\_\_\_\_

Has ownership changed?    Yes     No

*If yes, please apply for a new business license.*

Has location or mailing address changed?    Yes     No

*If yes, please complete a change of address form*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

