

BUSINESS LICENSE NAME/ADDRESS CHANGE FORM

SUBMIT TO

Fax: 205/333-3016 >Email: [cherren@cityofnorthport.org](mailto:cherren@cityofnorthport.org) >

Mail: PO BOX 569, Northport, AL 35476

ORIGINAL BUSINESS NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**NORTHPORT ID# (located at top right of License):** \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_

**NEW INFORMATION**

NEW BUSINESS NAME: \_\_\_\_\_

NEW PHYSICAL ADDRESS: \_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_

*Note: If the federal ID# changes you will need to close the old account and apply for a license under the new account name and Fed. ID#.*

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT

\_\_\_\_\_  
DATE