

REQUEST FOR BUSINESS NAME CHANGE AFFIDAVIT

License #				
Business Owner/Register Agent Name:				
Current Business Name:				
Address:	City	State	_Zip	

New Business Name:

I certify that I am changing the name of the business only and that the location, mailing address, ownership, and business activity will remain the same. If anything should change in the future, I will immediately notify Chatham County Occupational Tax Division.

Attached copy of current Driver's License or State issued Identification required. Owner must submit a copy of the Incorporation certificate or LLC certificate, if applicable.

Owner / Registered Agent Sign	ature Date		
*****	******************************	ce Use Only************************************	*****
Copy of: [] Driver's License	[] State Issued Identificat	ion	
State Issued:	Expiration Date:	Received By:	
Sworn to and subscribed be	fore me this		
day of	, 20		
Notary Public (SEAL)			