

## REQUEST FOR BUSINESS NAME CHANGE AFFIDAVIT

License #				
Business Owner/Register Agent Name:				
Current Business Name:				
Address:	City:	ST:	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 Sig	gnature D	Date		
*****	*****Staff Use	e Only************************************		
Copy of: [] Driver's Licens	e [] State Is	[ ] State Issued Identification		
State Issued:	Expiratio	on Date:		
Received By:				
Sworn to and Subscribed bef	fore me this			
day of	, 20	SEAL		
Notary Public Signature		My Commission expires:		