



## Forsyth County Business License Department Commercial Business Location Change Application

**\*\*Please complete the Business Location Verification Process prior to completing and submitting this application\*\***

### Previous Information

Previous Business Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_ License Number: \_\_\_\_\_

### New Business Information

New Business Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Business Phone: \_\_\_\_\_ Move in Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Owner Email: \_\_\_\_\_ Business Email: \_\_\_\_\_

### Business Activity

\*\*If you are making any non-cosmetic changes, please contact Building & Economic Development at [Bed@forsythco.com](mailto:Bed@forsythco.com) prior to submittal.

Full Business Description: \_\_\_\_\_

If you will be sharing space with another tenant, please complete below:

Existing Business Name: \_\_\_\_\_

Business Activity: \_\_\_\_\_

#### Please answer the following questions:

New construction building? YES NO

Is the business 24 hours? YES NO

Existing building? YES NO

Are you making any non-cosmetic changes? YES NO

Any outside storage? YES NO

Is there food being prepared on site? YES NO

### Applicant Statement

I, \_\_\_\_\_, being the \_\_\_\_\_ of the business entity listed above, declare that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Submit this request to [businesslicense@forsythco.com](mailto:businesslicense@forsythco.com). An administrative fee in the amount of \$50 will be assessed.\***

**Please do not upload this document to your portal account.**