

DEPARTMENT OF
DEVELOPMENT SERVICES
1113 Usher Street, Suite 201
Covington, Georgia 30014
Phone: (678) 625-1650
Fax: (770) 784-2118



Scott "Rock" Sirotkin
Director

Lynn Parham, GISP
Deputy Director

BUSINESS NAME AND/OR ADDRESS CHANGE FORM

Date: _____

Owner Name: _____

Business License Number: _____

Business Name Change:

Current Name: _____

New Name: _____

Business Description: _____

If your business is an LLC or INC., state papers must be submitted.

Address Change:

Current Address: _____

New Address: _____

Business Description: _____

If you are not the owner of the property, a notarized letter from the property owner must be submitted or a current (signed within 90 days) lease agreement.

If the new address is zoned commercial/industrial a new business license application must be completed.