



CHANGE OF OWNERSHIP OR OTHER INFORMATION

CHANGE OF OWNERSHIP

PRIOR

BUSINESS NAME: _____

ADDRESS: _____

NEW

BUSINESS NAME: _____

OWNER NAME: _____

DATE OF OWNERSHIP TRANSFER: _____

OWNER INFORMATION

NAME: _____

MAILING ADDRESS: _____

MAILING CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

CHANGE IN OTHER INFORMATION

MAILING INFORMATION (Used for permit renewal, reinspection billing, correspondence, etc)

SEND TO: SITE ADDRESS OWNER ADDRESS MANAGEMENT COMPANY
(Provide Information Below)

MANAGEMENT COMPANY NAME: _____

MAILING ADDRESS: _____

MAILING CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____