



CHATHAM COUNTY

**DEPARTMENT OF BUILDING SAFETY
AND REGULATORY SERVICES
P.O. Box 8161**

**1117 Eisenhower Dr., Suite D
Savannah, GA 31412-8161**

912-201-4300 | Fax 912-201-4301

http://buildingsafety.chathamcountyga.gov

OCCUAPTIONAL TAX DIVISION



**Gregori S. Anderson, CBO
Director**

**Clifford Bascombe, CBO
Assistant Director**

**REQUEST FOR BUSINESS NAME CHANGE AFFIDAVIT
(\$25.00 Name Change Fee Required)**

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 Signature

Date

NOTARY PUBLIC:

Subscribed to and sworn before me this _____ day of _____, 20_____.

Signature

My Commission Expires:

SEAL

For Office Use Only

[] Driver's License

[] State Issued Identification

State Issued: _____ Expiration Date: _____ Received By: _____