



CITY OF BOWLING GREEN, KY

NOTIFICATION OF BUSINESS CHANGE OF ADDRESS

Business Name: _____

City Account Number: _____ Change of address is effective as of: _____

Reason for Change of Business Address: _____

Only change applicable address below

	<u>Current Address</u>	<u>New Address</u>
Business Address (If Different)	_____ _____ _____	_____ _____ _____
Mailing Address (If Different)	_____ _____ _____	_____ _____ _____
Employee Withholding Tax Address (If Different)	_____ _____ _____	_____ _____ _____
Net Profit License Fee Return Address (If Different)	_____ _____ _____	_____ _____ _____

Please Provide Email Address: _____

Please Provide Current Phone Numbers: _____

DOES THIS BUSINESS HOLD AN ALCOHOL LICENSE: YES () NO ()

Signature Title Date