# Forsyth County Business License Division

## 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 & Licensing Department at 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 location change application and the Business Location Verification Decision Letter(s) to businesslicense@forsythco.com. An administrative fee in the amount of $50 will be assessed.*

Please do not upload this document to your portal account.



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