



**CITY OF VALDOSTA
BUSINESS LICENSE
BUSINESS ADDRESS CHANGE FORM**

Phone: 229-259-3520

Fax: 229-333-1865

Tina Matchett email: citybusinesslicense@valdostacity.com

Complete sections 1-10. Review process is 3-5 business days.

Upon approval return your current City of Valdosta business license certificate.

A certificate will be issued with new address at no additional charge.

1.) NAME OF BUSINESS: _____

2.) BUSINESS DESCRIPTION: _____

3.) TYPE OF BUSINESS: _____

4.) DATE: _____ PHONE NUMBERS: _____

5.) CONTACT PERSON: _____

6.) PHONE NUMBERS: _____

7.) CURRENT (OLD) ADDRESS: _____

8.) NEW ADDRESS: _____

General Manufacturing Home Occupation Professional Mobile Food Service

10.) Signature _____

ZONING APPROVAL: APPROVAL _____ DISAPPROVED _____

APPROVED SIGNATURE: _____

IF DISAPPROVED WHY: _____

INSPECTION APPROVAL: APPROVAL _____ DISAPPROVED _____

APPROVED SIGNATURE: _____

IF DISAPPROVED WHY: _____

FIRE MARSHALL APPROVAL: APPROVAL _____ DISAPPROVED _____

APPROVED SIGNATURE: _____

IF DISAPPROVED WHY: _____

Year _____ NAICS Code _____ Tax Class/Sub Class _____

CERTIFICATE NUMBER: _____