



Finance Department
Sales Tax Division
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SALES TAX ACCOUNT CHANGE FORM

Date: _____

City License #: _____

Current Business Name on Account: _____

DBA: (Doing Business As) _____

Business Name Change: _____ DBA: _____

Mailing Address Change: _____

License Address Change: _____

Business Telephone: _____ Mailing Telephone: _____

Email Address: _____

Business Address Change - Please complete an Address Change Application.

Closure Date: _____

If business sold, name and phone number for new owner: _____

Effective Date of Change: _____

Comments: _____
