



Name of Business (d/b/a): \_\_\_\_\_ License Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_ Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**PLEASE FILL OUT ONLY THE SECTION THAT APPLIES TO YOUR BUSINESS CHANGE REQUEST:**

<b>CLOSED Alcohol Sales</b>	Date that business ceased (or will cease)Alcohol sales: _____ _____ If after 10th, current excise tax paid? _____ Past taxes/Inventory tax paid? _____
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<b>Changed Name of Business</b>	New Business Name: _____ New Business Street Address: _____ City: _____ State: _____ Zip Code: _____ Fax number: _____ Email address _____ Phone: _____
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<b>SOLD Business</b>	Date of Sale: _____ Buyers Name: _____ Buyers Address: _____ Buyers Phone Number: _____ Buyers Email: _____ <p style="text-align: center;"><i>New ownership of a business requires a new application.</i></p>
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<b>Change type of alcohol sold</b>	Type of Business: _____ ( ) Package or ( ) Consumption on Premises Alcohol currently licensed for: ( ) Beer ( ) Wine ( ) Beer/Wine ( ) Liquor/Beer/Wine Alcohol Change to selling: ( )Beer ( ) Wine ( )Beer/Wine ( ) Liquor/Beer/Wine Charge Amount: _____
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***I hereby certify that I have provided complete and accurate information above.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Business Title

**Office Use Only:** RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Alcohol Tax Officer route to: →DPD\_\_\_\_\_, Tax Officer \_\_\_\_\_ Occupational Officer \_\_\_\_\_ Compliance Officer \_\_\_\_\_, report to County\_\_\_\_\_