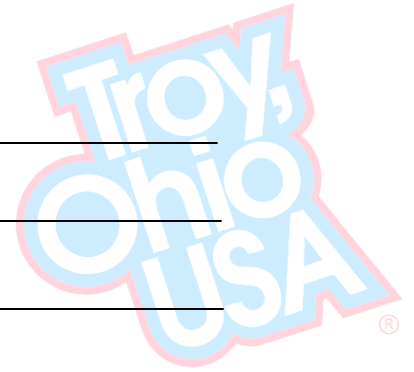


# BUSINESS CHANGE OF NAME FORM



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

**Subdivision:** \_\_\_\_\_

**Lot No(s):** \_\_\_\_\_

**New Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Has the Federal Identification Number Changed?**    Yes / No

**Building Area (square feet):** \_\_\_\_\_

**Total Number of Employees:** \_\_\_\_\_

**Do you need new signage?**    Yes / No

## **Sign Full Name**

By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to allow City of Troy employees to enter the property in order to complete necessary inspections. I agree to conform to all applicable laws of the City.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Development Department  
102 S. Market St.  
Troy, OH 45373  
Phone: (937) 339-9481  
Fax: (937) 339-9341  
[www.troyohio.gov](http://www.troyohio.gov)

**Office Use Only**

**Zoning District:** \_\_\_\_\_

**Historic District**

- Yes
- No

**Flood Zone**

- Yes
- No