

BUSINESS CHANGE OF NAME FORM



DEVELOPMENT
DEPARTMENT

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

Office Use Only

Zoning District: _____

Historic District

- Yes
- No

Flood Zone

- Yes
- No