



BUSINESS CHANGE OF NAME

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

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:

