

## **CITY OF COLUMBIA**

## **BUSINESS LICENSE DIVISION BUSINESS LOCATION ADDRESS CHANGE FORM**

NAME OF BUSINESS:		
NAME OF APPLICANT/BUSINESS OW	NER:	
OLD ADDRESS OF BUSINESS:		
STREET:		
CITY:	STATE:	ZIP:
NEW ADDRESS OF BUSINESS:		
STREET:		
CITY:	STATE:	ZIP:
NEW MAILING ADDRESS OF BUSIN	ESS:	
STREET:		
CITY:	STATE:	ZIP:
PHONE: EMAIL ADDRESS:		
TYPE AND NATURE OF BUSINESS:		
<ul> <li>ISSUED FOR YOUR NEW LOCATION</li> <li>IF YOUR BUSINESS IS LOCATION BY THE FIRE</li> <li>AN INSPECTION BY THE FIRE</li> </ul>	ING REQUIREMENTS BEFORE A NEW ATION: ED INSIDE THE CITY LIMITS OF COLU OUR BUSINESS LOCATION, A BUILDIN ING & SITE DEVELOPMENT DIVISION E DEPARTMENT IS ALSO REQUIRED FO E THE CITY LIMITS (573-874-7556).	MBIA AND STRUCTURAL NG PERMIT MUST BE (573-874-7474).
BUILDING & SITE DEVELOPMENT DIV. APPROVAL		DATE:
FIRE DEPARTMENT APPROVAL		DATE:
ZONING APPROVAL		DATE:
BUSINESS LICENSE DIVISION APPROVAL		DATE: