



**CHATHAM COUNTY
DEPARTMENT OF BUILDING SAFETY &
REGULATORY SERVICES
1117 Eisenhower Drive, Suite-D
Savannah, Georgia 31406
Phone 912.2014302 – Fax 912.201.4301**

**OCCUPATIONAL TAX DIVISION
REQUEST FOR A NAME CHANGE**

(\$25.00 Name Change Fee Required)

Business Owner/Register Agent Name: _____ License # _____

Current Business Name: _____

Address: _____ City _____ State _____ Zip _____

New Business Name: _____

(Owner must submit a copy of the Incorporation certificate or LLC certificate, if applicable.)

I certify that I am changing the name of the business only and that the location, mailing address, ownership, and business activity will remain the same. If anything should change in the future, I will immediately notify Chatham County Occupational Tax Division.

(Attached copy of current Driver's License or State issued Identification required)

Owner / Registered Agent Signature

Date

For Office Use Only

Driver's License

State Issued Identification

State Issued: _____

Expiration Date: _____

Received By: _____