

CITY OF OWENSBORO/DAVIESS COUNTY FISCAL COURT
Business License Change Request

PO BOX 10008, OWENSBORO KY 42302

PHONE: (270) 687-5600 FAX: (270) 687-8526 www.owensboro.org

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Name of Business _____ Account # _____

Name change ONLY (if changing entity, you must complete NEW business license application)

Current Name of Business _____ New Name _____

Business activity change (must be signed by OMPC)

Current business activity _____ New Activity _____

Physical address change (must be signed by OMPC)

Current physical address _____

New physical address _____

Mailing address change ONLY

Current mailing address _____

New mailing address _____

Change employee type (adding employees or terminating employees)

Employee start date: _____ Employee end date: _____

I hereby certify all information and statements herein are true and correct

Signature _____ Date: _____

Print Name: _____ Title: _____

PLANNING & ZONING ADMINISTRATOR/BUILDING INSPECTOR (270) 687-8665

Approval: _____ Date: _____

Comments: _____

CHANGES WILL ONLY BE MADE IF YOUR BUSINESS LICENSE ACCOUNT IS CURRENT

Mail form to:

City of Owensboro
PO Box 10008
Owensboro KY 42302

Fax to:

270-687-8526

Drop off at:

City Hall
101 E 4th St
Owensboro Kentucky