

## **CHANGE OF BUSINESS INFORMATION**

Please check the items which	apply:	
O Change of Business Na	ame	
O Change of Business Location		
O Change of Business Ov	wnership (Requires completion of a New Business Application)	
O Business Closed	Date Closed:	
PREVIOUS BUSINESS INFORM	<u>ATION</u>	
Business Name:		
Business Location:		
Mailing Address:		
Business Phone:		
Business Owner:		
NEW BUSINESS INFORMATIO	<u>N</u>	
Business Name:		
Business Location:		
Mailing Address:		
Business Phone:		
Business Owner:		
Signature		
Please submit this form by ma	il or fax to: Or in person to:	
City Clerk's Office	City Clerk's Office	
Fulton City Hall	Fulton City Hall	
P.O. Box 130	18 E. 4 <sup>th</sup> Street	
Fulton, MO 65251 FAX: (573) 592-3119	Fulton, MO 65251	

If you have any questions, please call the City Clerk's Office (573) 592-3111.