



Michael C. Harris  
Henry County Tax Commissioner

## Occupational Tax - Account Information Change Request Form

**ALL BUSINESS OWNER, LOCATION AND SERVICE TYPE CHANGES REQUIRE AN APPOINTMENT TO SUBMIT A NEW OCCUPATIONAL TAX APPLICATION. VISIT HENRYCOUNTYTAX.COM TO SCHEDULE YOUR APPT.**

### Account Information

Amending: Contact Name:  Business or DBA Name:  Mailing Address:  Email Address:

Account #: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact: \_\_\_\_\_

### Contact Information

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Email Address (required): \_\_\_\_\_

### Account Details

Ownership Type: Sole Proprietorship  LLC  Corporation (INC)  Partnership

Description of Business: \_\_\_\_\_

I \_\_\_\_\_ hereby declare under penalty of perjury that the information to be provided for this amended application is true and correct. I also certify I am aware of a \$60.00 admin fee for amending my application. The fee will apply for a business name/ownership type and location change outside of renewal time. A new certificate will be issued with the corrected information. **Must provide copy of Owners driver license.** Commercial locations will require an updated CO from the fire department if changes to a business name, or ownership type are made. (Fees may apply).

\_\_\_\_\_  
Business Owner Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Owner Signature