

**CITY OF PORT ST. JOE FLOIRDA
BUSINESS LICENSE CHANGE/CANCEL REQUEST**

Please complete the following information

Business Name: _____ Business License Number: _____

Business Address: _____

Owner Name: _____

Business Phone Number: _____ Owner Phone: _____

CLOSED BUSINESS:

Date business ceased (will cease) operations: _____ Are current fees paid: _____

MOVED BUSINESS:

Date of move: _____

New Address: _____

Provide Proof of New Address: _____

CHANGE OF MAILING ADDRESS:

New Address: _____

CHANGE OF BUSINESS NAME:

New Name, provide proof of name change from Florida Division of Corporations (Sunbiz):

Business Licenses are non-transferable. If you have sold the business, the new owner must obtain a new license certificate.

I hereby certify that I have provided complete and accurate information above.

Signature: _____ Date: _____

Print Name: _____ Date: _____