



CHANGE of ADDRESS APPLICATION

CLEARLY PRINT OR TYPE ALL INFORMATION
ALL BOXES ARE REQUIRED TO BE COMPLETED

City of Mobile Revenue Department
 PO Box 3065 Mobile AL 36652-3065
 Phone 251.208.7462 / Fax 251.208.7954
 Email revenue@cityofmobile.org

Internal Office Use Only							
Territory	Zoning Req	Fire Rep Req	Account #	NAICS Code	Bill Number	Amount Due	Completed By
	Yes	Yes					
	No	No					
Required Documentation Checklist							
Completed - Application		Copy - Owner/Officer Drivers License			Copy - Mobile County Health Dept (MCHD) Inspection Report		
Copy - Fire Inspection Report (ALL commercial buildings) contact 251.208.7484							
If alcohol sales @ location		Copy - State of Alabama ABC Board license			Completed - City of Mobile Alcohol Application		
Business Information							
Application Date	Relocation Date	Business Operated From			Physical Location of the Business		
		Commercial Store Front/Office Home/Home Office			City Limits Police Jurisdiction (PJ) Outside both City & PJ		
Location Change, Previous Physical Address (Street Address and Zip)					Detailed Explanation of Business Description/Activity		
Federal Tax ID (FEIN) - IRS	State of AL Tax ID Number	Company Phone Number			Address Change(s) Requested (if both check both boxes)		
					Physical Location Mailing		
Legal Business Name				Trade Name (DBA - Doing Business As)			
Company Physical Address (Street Address, Suite #)				City	State	Zip Code	
Mailing Address (Street Address, Suite #, PO Box)				City	State	Zip Code	
Business Contact Person Information							
Name			Title	Phone	Email		
Land/Building Information (Complete only if the business is physically located inside the city limits or police jurisdiction)							
Do you own or rent/lease the property?			Property Owner Name	Prop Owner Phone	Property Owner Email		
Own Rent/Lease							
Owner, Officer or Partner Information							
Full Name (Last, First, Middle, Suffix)			Drivers License (State & #)	Phone Number	Email		
Certification and Signature							
<p>By signing this application, you certify that all information and statements provided herein are true and correct. You also certify, under penalty of perjury, that you are a US Citizen or lawfully present in the US. In addition, by signing below, you acknowledge and understand that you cannot operate this business in the City of Mobile an/or its Police Jurisdiction until this business license application is approved and a business license issued.</p>							
Printed Name & Title of Applicant				Signature of Owner/Applicant			Date Signed