



# 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](mailto: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		
Change of Address Application	Owner/Officer Driver's License	Copy - Mobile County Health Dept (MCHD) Inspection Report
Fire Inspection Report ( <b>ALL commercial buildings</b> ) contact 251.208.7484		Rental/Lease Agreement ( <b>ALL leased properties</b> )
<b>If alcohol sales @location</b>	Copy - State of Alabama ABC License	Completed ABC License 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