



CHANGE OF RECORD REQUEST FORM

Use this form to make changes to your business information by completing the appropriate section.

Name of person requesting change: _____ Account Number: _____ Telephone Number: _____

Transfer of Ownership

Current Name of Business: _____

New Owner Information: _____

Physical Address: _____

Mailing Address: _____

Effective Date of Change: _____

Please note: Additional information, such as a bill of sale, is required to transfer ownership. Licenses are not transferrable; a new license will be issued for the new ownership.

Change Business Address

Name of Business: _____

Physical Address: _____

Mailing Address: _____

Effective Date of Change: _____

Change Business Name

Current Name of Business: _____

New Name of Business: _____

Effective Date of Change: _____

Please note: Additional information, such as a Certificate of Assumed Name, is required to change a business name.

Close a Business

Name of Business: _____

Physical Address: _____

Effective Date Business Closed: _____

Fax completed form and additional information (if applicable)
to: (704) 336-5020

Email completed form and additional information (if applicable)
to: taxbusiness@mecklenburgcountync.gov

Mail completed form and additional information (if applicable) to:
Business Tax Collections
PO Box 32728
Charlotte, NC 28232-2728