

PLEASE COMPLETE THE FOLLOWING

Return with your invoice
(PLEASE TYPE OR PRINT CLEARLY IN INK)

MARK OR CIRCLE BUSINESS TYPE AS IT RELATES TO YOUR BUSINESS OR ORGANIZATION

- | | | |
|---|---|---|
| <input type="radio"/> Sole Proprietorship | <input type="radio"/> General Partnership | <input type="radio"/> Limited Liability Company |
| <input type="radio"/> Limited Partnership | <input type="radio"/> Limited Liability Partnership | <input type="radio"/> Limited Liability/Limited Partnership |
| <input type="radio"/> Corporation-Profit | <input type="radio"/> Corporation-Nonprofit | <input type="radio"/> Non-filing / Non-qualifying Entity |
| <input type="radio"/> Other _____ | | |

Please thoroughly complete the following items as it pertains to your business or organization. Complete item (6), item (9), item (11), and item (12) **ONLY** for the purpose of changing **business name, address, ownership, or operation**. **YOU MUST CONTACT THE INSPECTION AND ZONING OFFICE** for a Certification of Zoning Compliance when ANY of these items change in regards to your business.

If your business has ceased operations in the city of Pine Bluff, Arkansas, complete the enclosed **Certification of Business Closure** statement. If you have transferred possession or changed legally registered ownership of your business, complete the **Certification of Ownership Change** statement. *Otherwise you will continue to be invoiced for an existing for-profit enterprise.*

- Name of business or organization (Legal Name or DBA name):

- Federal Tax Identification Number (FID) _____
- Telephone Number: _____ Fax Number _____
- Alternate Telephone _____
- Email Address _____
- Name of Primary Contact Person _____
- New Name of business or organization** (if applicable):

- Mailing address of business:

Street Address Line 2 City, State, Zip
- Street address of business (Location):

Street Address Line 2 City, State, Zip
- New Street address for business** (Location) changing (if applicable):
from: _____
Street Address Line 2 City, State, Zip
to: _____
Street Address Line 2 City, State, Zip
- Name of legally registered owner: _____
- Name of legally registered owner changing from** (if applicable) _____
to: _____
- Has your business or organization closed or ceased to exist?** (Please circle)
Yes. Complete the next page
No Ignore the next page

Signature _____ Title _____
Executed this _____ day of _____ (month), _____ (year)

Internal Use Only:	Account Number	Date Processed.
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