



Business Location Change Form

Application Information

Business Name _____ Centennial License No.: _____

DBA (if different from above) _____

Old Mailing Address: _____

City: _____ ST: _____ Zip: _____

New Mailing Address: _____

City: _____ ST: _____ Zip: _____

New Physical Address: _____

City: _____ ST: _____ Zip: _____

All Contractor Business change requests will be processed within five (5) business days of receipt of a completed application with all the necessary attachments and relocation fee.

The following must be submitted with your application:

- \$5.00 Change of Name Fee
- Current certificate of general liability insurance with your new address, naming the City of Centennial as certificate holder *(see Contractor's Business License Insurance Requirements)*
- Proof of current worker's compensation insurance with your new address, naming the City of Centennial as certificate holder

**** Applications will not be accepted or approved unless completed in full.**

Signature of License Holder: _____ Date: _____

Office Use Only

Centennial Business No:		Business License No:		
Payment Information (Circle One):	Cash	Check	Credit Card	Other
\$5 Change Fee Received:	Yes	No	Date:	Staff Initials:
Approved By:				