



6703 Sullivan Road, Central, Louisiana 70739  
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## OCCUPATIONAL LICENSE TAX CERTIFICATE Change of Address Form

PLEASE PRINT AND USE INK WHEN COMPLETING THIS FORM. MAIL COMPLETED FORM TO THE ADDRESS ABOVE  
OR EMAIL ASHLEY.CLAYTON@CENTRAL-LA.GOV

Legal Name of Business: \_\_\_\_\_ Account #: \_\_\_\_\_

Trade Name of Business: \_\_\_\_\_ Date of Move: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

New Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

New Physical Address (DO NOT USE P.O. BOX): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the new physical address located within the city limits of Central? \_\_\_\_ YES \_\_\_\_ NO

Old Physical Address (DO NOT USE P.O. BOX): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*I acknowledge and attest that the statements made on this form are correct to the best of my knowledge.*

_____	_____	_____
<b>SIGNATURE OF OWNER, AGENT OFFICER</b>	<b>TITLE</b>	<b>DATE</b>

### For Official Use Only

OCCUPANCY PERMIT REQUIRED: \_\_\_\_ YES \_\_\_\_ NO NOTIFIED PERMITTING: \_\_\_\_\_

NEW PROPERTY ZONING: \_\_\_\_\_ NOTIFIED P&Z: \_\_\_\_\_