City Use Only
Approval:

_____ _____
Zoning Administrator Date
Zoning Class: _____

Chesterfield Business Name Change Form

Previous Name of Business: _____

New Name of Business: _____

Business License Number: _____ Date of Name Change: _____

Description of Business: _____

Business Address: _____

Mailing Address: _____

Contact Person: _____

Current Email Address: _____

Fed Tax ID # _____ State Tax ID # _____

Current Phone Number: _____ Current Fax Number: _____

_____ _____
Authorized Signature Printed Name & Title

Mail completed form to:

City of Chesterfield
690 Chesterfield Parkway West
Chesterfield, MO 63017
Attn: Business License

Or fax to: 636-537-4798

If you have any questions regarding this form, please call Andrea Majoros at 636-537-4714 or amajoros@chesterfield.mo.us

***<u>Reminder</u> – It is required that an occupancy permit be obtained from the St. Louis County Department of Public Works prior to occupying a new space or in the event the business name should change.**

If you have questions regarding occupancy permits, please call the Chesterfield Planner of the Day at 636-537-4733.