

DAWSON COUNTY PLANNING AND DEVELOPMENT
BUSINESS ADDRESS CHANGE APPLICATION



Please Check One: Commercial Business: _____ Home Based business: _____

Mailing: _____ Location: _____

Business Name: _____ License Number: _____

Current Information:

Previous Business Address: _____ APT: _____ City: _____

State: _____ Zip: _____

Mailing Address: _____ APT: _____ City: _____

State: _____ Zip: _____

New Business Information:

Business Address: _____ APT: _____ City: _____

State: _____ Zip: _____

Mailing Address: _____ APT: _____ City: _____

State: _____ Zip: _____

Commercial Only:

Please answer the following questions:

Is this a new construction: Yes___ No___ / sharing space with another business: Yes___ No___

If yes, list business names: _____

Existing Building: Yes___ No___ / Are you making Structural changes: Yes___ No___

Owner Signature: _____ Date: _____