



OFFICE USE ONLY

LICENSE # _____

Business License Change of Address

A fee of \$5.00 is required

Name of Business

Doing Business As Name (d/b/a) (If different than company name)

Contact Name

Contact Title

Contact Phone Number

Contact Email Address

PREVIOUS Business Street Address

City

State

ZIP

Was the address listed above located within the city limits of Blue Springs? Yes No

NEW Business Street Address

City

State

ZIP

Type of Business

Square Footage of New Business Location

Home Based Business? Yes No

Please fill in all information below for the new business location.

Business Owner Name

Business Owner's Drivers License Number

Is the new location located within city limit of Blue Springs? Yes No

Business License Change of Address

Return all Information and Check to:

City of Blue Springs
Revenue Collections Division
903 W Main Street
Blue Springs, MO 64015

By signing below, you certify that the information given in this application is true to the best of your knowledge and belief and that the license is non transferable.

Signature of Applicant

Printed Name

Title

Date

OFFICE USE ONLY

Previous Address Property Zoning _____

New Address Property Zoning _____

Zoning Approved By _____ Date _____

Zoning Conditions of Approval _____

Approved By _____ Date _____
Codes Administrator

Comments _____
