

Community Development Department  
255 South Lincoln Avenue  
O'Fallon, IL 62269  
Phone: 618-624-4500 Ext. 4  
Fax: 618-624-4534



## HOME-BASED BUSINESS CHANGE OF ADDRESS FORM

*Please use this form when your approved City of O'Fallon home-based business has moved to a new address. You may return it to the City Clerk's office as soon as you move or send it in along with your business registration renewal form.*

Business Name: \_\_\_\_\_

Previous Home Business Address: \_\_\_\_\_

New Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

My home-based business at the previous address shown above is now being operated at my new home address in O'Fallon, Illinois. I will maintain the same business operations as were conducted at the previous home address, and I will continue to abide by the terms and conditions as previously approved for that same home occupation at my new residence.

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Community Development Department: \_\_\_\_\_ Date: \_\_\_\_\_