



**City of Coatesville
Codes Department**

1 City Hall Place Coatesville, PA 19320

Phone: (610) 384-0300

Fax: (610) 384-6051

Change in Business Status Form

This form can be used to make changes to your business account with the City of Coatesville. This form will not be processed or considered complete until this form is signed and dated.

Section 1: Current Account Information			
1. Account Number	2. Federal EIN / SSN	3. Primary Contact Name	
4. Business Name		5. Type of Business	
6. Street Address	7. City	8. State	9. Zip Code

Section 2: Change in Business Account Information			
A Business Address Change ___ Yes ___ No If Yes, List Date of Move: _____			
1. Enter the New Business Address: _____			
2. Is the Business Mailing Address the same as the new address? ___ YES ___ NO			
3. If Mailing Address is different, please list address: _____			
4. Are all of the operations ceasing at the present location listed under Section 1 of this form? ___ YES ___ NO			
5. Will Business activity be conducted in Coatesville after the move? ___ YES ___ NO			
NOTE: If a Business is no longer located in the City of Coatesville limits, but performs any type of service – Contractual or otherwise within the City Limits that business will still have liability for the Business Privilege License. <i>City Code (Ch 203 Article VIII) §203-66</i>			

B Business Name Change ___ YES ___ NO			
1. Enter the New Business Name: _____			
2. Did the EIN # Change? ___ YES ___ NO			
If Yes, Please submit a completed Business Registration form, as changing your EIN classifies as creating a new business with the city. Afterwards the old account will be closed.			

C Change in Business Structure ___ YES ___ NO			
1. Enter the New Type of Business Structure: _____			
2. Did the EIN # Change? ___ YES ___ NO			
If Yes, Please submit a completed Business Registration form, as changing your EIN classifies as creating a new business with the city. Afterwards the old account will be closed.			

D Change in Business Primary Contact ___ YES ___ NO			
1. Name Of Primary Contact: _____			
2. Phone Number: _____			
3. Email: _____			
4. Role in Business: _____			
Note: The person who is labeled as primary contact should be available from 8:30am to 4:00pm and be able to be contacted about Fees, Permits and any other inquires involving the business			

E Business Sold or Closed ___ SOLD ___ CLOSED or ___ DISCONTINUED OPERATIONS IN THE CITY			
1. List the date business was sold: _____			
2. Name of New Owner(s): _____			
3. New Owner's Address: _____			
4. New Owner's Contact Information: _____			
5. List the final date of business operations in the City: _____			
6. Reason for Closing: _____			
7. Are you opening a new business? ___ YES ___ NO			
If Yes, Please submit a completed Business Registration form for your new Business			

Section 3: Signature (REQUIRED)		
I, the undersigned, do hereby affirm that this document has been examined by me and to the best of my knowledge and belief, is true, correct and complete.		
Signature of Owner/Primary Contact:	Print Name:	Date Signed:
Email:	Phone Number:	