



ARAPAHOE COUNTY PUBLIC HEALTH

CHANGE OF ADDRESS OR OWNERSHIP STATUS

Current Business as listed on invoice

Account ID: _____ Facility ID: _____

Business Name: _____

Business Address: _____

Changes to Business or Owner Address Information

A. If Business is still operational under the same ownership, please provide any changes to owner’s contact information:

a. Owners Name: _____

b. Owners Address: _____

c. Owners Phone—Work: _____ Mobile: _____

d. Owners Email (required): _____

B. If Business is still operational under the same ownership, please provide any changes to facility’s phone number or email address:

a. Facility Phone: _____

b. Facility Email: _____

Changes to Ownership Status

A. Was the Business bought or sold in 2022? Yes No (circle one)

B. If “Yes,” please provide the following information:

a. Previous Business Name: _____

b. Previous Business Address: _____

c. New Business Name: _____

i. Business/Facility Phone: _____

ii. Business/Facility Email: _____

d. Department of Revenue #: _____

e. New Owner Name: _____

f. New Owner Address: _____

g. New Owner Phone – Work: _____ Mobile: _____

h. New Owner Email (required): _____

Note: You will need to complete a Change of Ownership form depending on the type of business and we will need to inspect and approve your business to operate. Please visit <https://www.arapahoegov.com/2276/How-to-Open-a-Business> for the appropriate forms. Additional charges may apply.