



**NOTICE OF CHANGES for a BUSINESS REGULATORY LICENSE**

**CITY OF ALTON, ILLINOIS**

**Cynthia A. Roth • Alton City Treasurer**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

Fax: (618) 463-3520

E-mail: [licensing@cityofaltonil.com](mailto:licensing@cityofaltonil.com)

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)

This notice is to inform the Alton City Treasurer's office of the **Following Changes** regarding my business:

**CURRENT BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS TELEPHONE NUMBER:** \_\_\_\_\_

I am closing my business as of this date: \_\_\_\_\_

I am moving my business on this date: \_\_\_\_\_

• New location is: \_\_\_\_\_

I am changing my business name on this date: \_\_\_\_\_

• New business name is: \_\_\_\_\_

I sold my business on this date: \_\_\_\_\_

• New Owner's name: \_\_\_\_\_

• New Owner's phone number: \_\_\_\_\_

I would like to add another type of business to my existing business license:

(Please give a detailed description...) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

*Owner*

\_\_\_\_\_

*Date*

Return this form by mail, fax, or simply email a response to: [acox@cityofaltonil.com](mailto:acox@cityofaltonil.com)



## **NO LONGER OPERATING a BUSINESS**

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This notice is to inform the Alton City Treasurer's office that I am **No Longer Operating** a business in the City of Alton.

**NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS OF BUSINESS:** \_\_\_\_\_

**DATE BUSINESS CLOSED:** \_\_\_\_\_

Signature: \_\_\_\_\_  
*Owner* *Date*

**Major credit cards are accepted in the Treasurer's Office. You may also pay online at:**  
[www.cityofaltonil.com](http://www.cityofaltonil.com)

- Select the '**PAY MY BILL**' link on the left side of the page
- Select **Business License / Renewal** from payment type
- Fill in all Contact Information and then click Continue

If you have any questions regarding this matter you may call Amy Cox at (618) 463-3540.

Please return this form by mail, fax, or simply email a response to: [acox@cityofaltonil.com](mailto:acox@cityofaltonil.com)

We would appreciate your immediate response.