



Business Change of Name

Please mail, fax, email, or bring your completed form to our office at 40 Richard Davis Drive.

Name: _____

Email: _____ Phone: _____

Business License No. _____

Business Address:

City _____ State _____ Zip _____

Former Business Name:

New Business Name:

Reason for Change:
New "Doing Business As" (DBA) Name
Change in Ownership
Dissolution or Bankruptcy
Other: _____

By submitting this form, I certify that the information I have listed above is true and correct and I am an authorized representative of the business listed on this form.

Signature _____ Date _____

OFFICE USE ONLY

Date Received: _____
Sent to P&Z Date Received: _____ Date Approved: _____
Sent to RDS Date Received: _____ Date Approved: _____