## **BUSINESS LICENSE INFORMATION CHANGE REQUEST**

Office Address: Mailing Address:

451 So. State St., Room 225 Salt Lake City, UT 84111

Salt Lake City Corporation P.O. Box 145458

License #	

801-535-6644	Salt Lake City, UT 84114-5458			
Make Check Payable to: Salt Lake Ci	ty Corporation			
FEE: \$18.00 - NO Regula \$41.00 - WITH Reg \$32.00 - To change	ulatory License		ercial location	
BUSINESS NAME CHANGE		BUSINESS ADDRESS CHANGE		
<u><b>OLD</b></u> BUSINESS NAME		<u><b>NEW</b></u> BUSINESS NAME		
**If new business name is a cor OLD BUSINESS ADDRESS	· · · · · ·	a copy of your certing BUSINESS ADDRE	•	
Include Zip Code  OLD MAILING ADDRESS	<u>NEW</u>	Include Zip Code  MAILING ADDRE	SS	
Include Zip Code		clude Zip Code		
OLD LICENSE TYPE  Commercial Home Occ		Commercial	Home Occupation	
Your new license will be mailed to you re sure all the information is correct.  Business Representative:  Signature:  Telephone:  Comments  Email address:	flecting the above change		Keep This Box Clear	