BUSINESS LICENSE INFORMATION CHANGE REQUEST

Mailing Address: Office 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	Salt Lake City, UT 84114-5458		
Make Check Payable to: S	alt Lake City Corporation	on		
\$41.00 -	NO Regulatory License WITH Regulatory Licer To change from a Hom	ise	TOTAL \$	
BUSINESS NAME	<u>CHANGE</u>	BUSI	BUSINESS ADDRESS CHANGE	
<u>OLD</u> BUSINESS N	AME	<u>NEW</u>	<u>NEW</u> BUSINESS NAME	
If new business OLD BUSINESS ADDR		e submit a copy of your NEW BUSINESS AD	certificate of incorporation DRESS	
Include Zip Code OLD MAILING ADDR	ESS	Include Zip Code NEW MAILING ADI	DRESS	
Include Zip Code OLD LICENSE TYPE		Include Zip Code NEW LICENSE TYP	PE	
Commercial	Home Occupation	Commercial	Home Occupation	
Your new license will be m sure all the information is c Business Representative: Signature:	ZX \$22.00 \$ailed to you reflecting the above orrect.	re changes. Please make Date:	Keep This Box Clear	
Comments				