BUSINESS LICENSE INFORMATION CHANGE REQUEST				
Office Address: 451 So. State St., Room 225 Salt Lake City, UT 84111 801-535-6644	<u>Mailing Address:</u> Salt Lake City Corpo P.O. Box 145458 Salt Lake City, UT 84		License #	
Make Check Payable to: Salt Lake City Corporation				
FEE:       \$18.00 - NO Regulatory License       TOTAL \$        \$40.00 - WITH Regulatory License       \$40.00 - WITH Regulatory License        \$31.00 - To change from a Home Occupation to Commercial location			TOTAL \$	
BUSINESS NAME CHANGE		BUSINE	BUSINESS ADDRESS CHANGE	
OLD BUSINESS NAME		<u>NEW</u> BUSINESS NAME		
**If new business name is a co OLD BUSINESS ADDRESS		it a copy of your cer <u>V</u> BUSINESS ADDR	-	
Include Zip Code <u>OLD</u> MAILING ADDRESS	<u>NEV</u>	Include Zip Code	ESS	
Include Zip Code <u>OLD</u> LICENSE TYPE		Include Zip Code		
			Home Occupation	
Employee fees - Add QTY X \$2	22.00 \$	-	Keep This Box Clear	
Your new license will be mailed to you resure all the information is correct.	eflecting the above chang	es. Please make		
Business Representative:				
Signature:	Date:			
Telephone:				
Comments				
Email address:				