

**BUSINESS LICENSE INFORMATION
CHANGE REQUEST**

License # _____

Office Address:

451 So. State St., Room 225
Salt Lake City, UT 84111
801-535-6644

Mailing Address:

Salt Lake City Corporation
P.O. Box 145458
Salt Lake City, UT 84114-5458

Make Check Payable to: **Salt Lake City Corporation**

FEE: _____ \$18.00 - NO Regulatory License **TOTAL \$**_____
_____ \$42.00 - WITH Regulatory License
_____ \$33.00 - To change from a Home Occupation to Commercial location

BUSINESS NAME CHANGE

BUSINESS ADDRESS CHANGE

OLD BUSINESS NAME

NEW BUSINESS NAME

If new business name is a corporation, please submit a copy of your certificate of incorporation

OLD BUSINESS ADDRESS

NEW BUSINESS ADDRESS

Include Zip Code

Include Zip Code

OLD MAILING ADDRESS

NEW MAILING ADDRESS

Include Zip Code

Include Zip Code

OLD LICENSE TYPE

NEW LICENSE TYPE

Commercial Home Occupation

Commercial Home Occupation

Employee fees - Add QTY. _____ X \$23.00 \$_____

Keep This Box Clear

Your new license will be mailed to you reflecting the above changes. Please make sure all the information is correct.

Business Representative: _____

Signature: _____ Date: _____

Telephone: _____

Comments _____

Email address: _____