

Date Received: _____
Received By: _____

Business Amendment



(To Be Completed by Applicant/owner)

This form is for a modification of the existing business. If you have a change in business name, business type, (LLC, Inc, etc...) or address. All legal documents must be remitted with this update.

Name of Applicant/Business Owner: _____

Email Address: _____ Phone Number: _____

New business name: _____

DBA: _____

Previous Name of Business: _____

Business Location Address: _____

Description of modification: _____

I hereby declare under penalty of perjury that all the foregoing is true and correct. Signature of Authorized Business Owner, Officer, or Authorized Agent:

Signature: _____ **Print:** _____ **Date:** _____

SUBSCRIBED AND SWORN BEFORE ME:

_____ **Date:** _____

***** For Office Use Only *****

Entered in system: _____ scanned: _____