

ID Number \_\_\_\_\_

**BUSINESS LICENSE INFORMATION CHANGE REQUEST**

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

Make Check Payable to: **Salt Lake City Corporation** TOTAL \$ \_\_\_\_\_

**FEE:** \_\_\_\_\_ \$15.00 - NO Regulatory License  
\_\_\_\_\_ \$35.00 - WITH Regulatory License  
\_\_\_\_\_ \$20.00 - To change from a Home Occupation to Commercial location

1299-01 BUSINESS NAME CHANGE

1299-02 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

Employee fees - Full time 1206-12 Current QTY. \_\_\_\_\_ Add QTY. \_\_\_\_\_ X \$10.00 \$ \_\_\_\_\_

Part time 1206-13 Current QTY. \_\_\_\_\_ Add QTY. \_\_\_\_\_ X \$10.00 \$ \_\_\_\_\_

1299-04 PENALTY \$ \_\_\_\_\_

**Your new license will be mailed to you reflecting your new name, address, or number of employees. Please make sure all the information is correct.**

Telephone number: \_\_\_\_\_

Local Manger/Responsible Representative for business: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Business Representative

\_\_\_\_\_  
Date

**COMMENTS:** \_\_\_\_\_

Office Use Only

Changes made by \_\_\_\_\_

Date \_\_\_\_\_