

PO Box 1849  
351 W Center St.  
Provo, UT 84601  
Phone 801 852 6000



|                    |
|--------------------|
| Office Use Only    |
| License # _____    |
| Date _____         |
| Payment _____      |
| CSR initials _____ |

## REQUIREMENTS FOR BUSINESS NAME CHANGE

Authorization letter from business owner to change the name.

Proof of the registered name of your business with the Department of Commerce, or a copy of the Articles of Incorporation.

Proof of permanent Sales Tax number, temporary will not be accepted, (if applicable to your business).

Copy of picture Government issued ID.

Non-refundable \$10 fee.

Please attach this sheet with your documentation and payment.