



Business Operation Status Change

Please check the reason for the change:

Business Closed Address Change Change of Ownership Other

Date of Change: _____

Name of Business: _____

Correct Mailing Address: _____

Correct Business Street Address: _____

Business Telephone: _____

Owner's Cell Phone: _____

Comments: _____

I verify that all the information on this form is correct.

Owner's Printed Name: _____

Owner's Signature: _____