



Change of Ownership

NOTE: Total change in ownership will also require a Closing Form, Clearance Form, and an Application for a New Business License to be completed.

Type of Ownership Change:

Addition of another owner(s)

Removal of a current owner(s)

Other: _____

Business Information:

1. Business Name: _____

2. Federal ID # or SSN: _____ Date Business Started: _____

Total Change of Ownership:

Total change of ownership requires:

- Closing Form to close the current business license
- New Business License Application and Clearance Form to start a new business license under the new owner

Addition of Another Owner:

Change Effective Date: _____

3. Added Owner(s) Name: _____

4. Federal ID# or SSN: _____ Driver's License #: _____

5. Mailing Address: _____

6. Work Phone: _____ Cell Phone: _____

7. Email: _____

Removal of an Owner:

Change Effective Date: _____

8. Removed Owner(s) Name: _____

9. Federal ID# or SSN: _____ Driver's License #: _____

10. Mailing Address: _____

11. Work Phone: _____ Cell Phone: _____

12. Email: _____

Original / Remaining Owner:

13. Owner(s) Name: _____

14. Federal ID# or SSN: _____ Driver's License #: _____

15. Mailing Address: _____

16. Work Phone: _____ Cell Phone: _____

17. Email: _____

Applicant Information:

- 18. Applicant Name: _____
- 19. Federal ID# or SSN: _____ Driver’s License #: _____
- 20. Mailing Address: _____
- 21. Work Phone: _____ Cell Phone: _____
- 22. Email: _____
- 23. Relationship of Applicant to business: _____

Signatures:

Under penalty of perjury, by signing below, I declare that I am or was an owner or agent of the business referenced above. I confirm that I have been legally added, removed, or remain in any ownership capacity of this business, and that all information provided is true and correct.

Added or Removed Owner Signature: _____ Date: _____

Printed Name: _____ Title: _____

Original/Remaining Owner Signature: _____ Date: _____

Printed Name: _____ Title: _____

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

(Printed Name)

(Signature)

NOTARY PUBLIC FOR _____

MY COMMISSION EXPIRES _____

(Seal)