



Change of Address Form

Name of Business: _____

Name of Owner(s): _____

Certificate Number: _____

Physical Address: _____

Mailing Address: _____
(if different than above)

Business Phone: _____

Alternate Phone: _____

Email Address: _____

Signature of Owner:

Date:

A certificate holder shall **pay a \$6.25 fee** and notify the Agency in writing no later than ten (10) days after changing its physical address from which the business will be operated or mailing address at which notice of any information pertinent to the business shall be considered received and binding upon the certificate holder.