

## NAME CHANGE FORM

A licensee who changes its business name shall notify the Department in writing at least **15 days prior** to making such change. Mail the original to the address listed above or you may fax a copy to the fax number listed above.

**If the company structure has changed, a new application must be completed**

If any of the following is not applicable please indicate N/A.

1. **OLD COMPANY NAME:** \_\_\_\_\_  
**D/B/A (IF APPLICABLE):** \_\_\_\_\_  
**LICENSE NUMBER:** \_\_\_\_\_

2. **NEW COMPANY NAME:** \_\_\_\_\_  
**NEW D/B/A (IF APPLICABLE):** \_\_\_\_\_  
**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_  
**STREET ADDRESS:** \_\_\_\_\_  
**CITY, STATE AND ZIP CODE:** \_\_\_\_\_  
**OFFICE MANAGER:** \_\_\_\_\_

**IF OFFICE MANAGER HAS CHANGED, PLEASE PRINT AND COMPLETE THE OWNER/OFFICER/BRANCH  
MANAGER CHANGE FORM**

**COUNTY:** \_\_\_\_\_  
**TELEPHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_ **FAX NUMBER:** (\_\_\_\_) \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_  
**WEBSITE ADDRESS:** \_\_\_\_\_

- \* Attach Articles of Incorporation, if a foreign corporation, Certificate of Authority to do business in Pennsylvania, and a copy of the fictitious name registration, if applicable
- \* Attach a copy of the Operating Agreement, By-laws, etc., and evidence of registry with the Pennsylvania Department of State, if required. If registry not required, state reason below. Please provide legal opinion if claiming exemption