



Business License Division  
Notification of Business Restructuring

License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Restructuring: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

FIN/EIN/SS#: \_\_\_\_\_

Owners, Officers, Partners:

Applicant: \_\_\_\_\_

Name

Title

To the best of my ability I certify that the above named business has under gone a restructuring of the company and all owners, officers or partners have remained the same. No change has occurred other than restructuring with the exception of  
FIN/EIN/SS#.

Signature

Date

**Please fax to the Business License Auditor at (864) 467-5715**