



NOTICE OF CHANGE IN PARTICULARS FORM

CUST# _____

BUSINESS NAME _____

LICENCE# _____

BUSINESS ADDRESS _____

PH # _____ FAX# _____ EMAIL _____

TYPE OF CHANGE:

- LOCATION OWNERS/SHAREHOLDERS/MEMBERS DIRECTORS/OFFICERS NAME CHANGE
- BUSINESS NAME ENTERPRISE TYPE CONTACT DETAILS TEMPORARY CLOSURE

DETAILS OF CHANGE:

REQUIREMENTS:

Re-inspection:

- Environmental Health
- Planning Department
- Fire Department
- Agriculture Department

Documentation:

- Certificate of Name Change
- Amended Name Registration
- Certificate of Incorporation
- Memorandum & Articles of Association
- Register(s) of Directors & Officers
- Register of Members & Shareholders
- Identification & Proof of Status
- SIGTAS Registration Form

DECLARATION

I declare I am authorized to act in relation to the stated licence and that the information supplied in this document is true and correct and any misleading statements are subject to penalty of the Business Licensing Ordinance.

NAME (print please)

SIGNATURE

DATE

FOR OFFICIAL USE ONLY

Receiver: _____

Date: ____ / ____ / ____

Incidental Notes:

Vetting Officer: _____

Date: ____ / ____ / ____

Amending Officer: _____

Date: ____ / ____ / ____

Vetting Notes:

Document No.:

Date Paid: