

NOTICE OF BUSINESS CHANGE FORM CHANGE OF NAME

Please check applicable box:						
□ CHANGE OF LEG□ CHANGE OF BUS□ ADDITIONAL BUS	SINESS NA	ME, OPERA		•		
Retail Registration #		Wholesale Registration #		Branch Registration	Branch Registration #	
Current Legal Name						
Current Business Name or Operatin	g Name or Trade st	yle Name				
Address				Phone #		
City	Province	Postal Code	Website			
For new legal name – Articles of	of Amendment m	nust be attached to	this form			
New Business Name or Additiona	al Name – Provide	e proof of registration	on from the Ministry	of Government Service	s – Service Ontario	
New Legal Name						
New Business Name/ Operating Nam	e/ Trade Style Nar	me				
Additional Business Name/Operating	Name/Trade Style	Name				
I certify that the information gi correct and complete in every registrant, WARNING It is a	respect, and th	at I am the registi	rant, or that I am a	authorized to sign on		
Signature of Registrant or Authorized Officer/Director		Print Name		Date	mm/dd/yyyy	