

Ticket Reseller Change Notice/Request

CHANGE OF (X ONLY ONE)

Principal Office Address

Contact Person Name

Branch Office Address

Contact Person Address

Duplicate License Request

UNIQUE ID NUMBER _____

BUSINESS NAME ON LICENSE _____

OLD BUSINESS ADDRESS (NUMBER AND STREET) _____

(CITY/STATE/ZIP+4) _____

(COUNTY) _____

NEW BUSINESS ADDRESS (NUMBER AND STREET) _____

(CITY/STATE/ZIP+4) _____

(COUNTY) _____

OLD CONTACT PERSON NAME _____

NEW CONTACT PERSON NAME _____

OLD RESIDENCE ADDRESS (NUMBER AND STREET) _____

(CITY/STATE/ZIP+4) _____

(COUNTY) _____

NEW RESIDENCE ADDRESS (NUMBER AND STREET) _____

(CITY/STATE/ZIP+4) _____

(COUNTY) _____

Print Name: _____

Signature: _____ Date: _____

• Instructions on Reverse; No Fee Required •

Instructions for Ticket Reseller Change Notice/Request

Please print the **business address change** on your license. **Do not mail your license with this form.** Please note: A change in business name requires re-application (the appropriate application fee is charged in those instances).

Print the required changes as requested on the reverse. If you are submitting a change to your personal name, you must provide proof, *e.g.*, a copy of one of the following: court order changing your name; marriage certificate; driver's license, or a non-driver's ID card; valid passport; or immigration documents. **Warning:** The Department of State will not accept documents with alterations or erasures. Presentation of fraudulent documents may also result in criminal prosecution.