

# 2024 Business Change Form

Business Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Owner: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## BUSINESS NAME CHANGE

Previous Name: \_\_\_\_\_

New Name: \_\_\_\_\_

## SOLD BUSINESS

Date business sold: \_\_\_\_\_ Business at same location?  Yes  No

New Owners Name: \_\_\_\_\_

New Owners Phone Number: \_\_\_\_\_

New Owners Mailing Address: \_\_\_\_\_

New business location: \_\_\_\_\_

## CLOSED BUSINESS

Date business ceased operations: \_\_\_\_\_ Business license cancelled?  Yes  No

What happened to the equipment? \_\_\_\_\_

## FILED BANKRUPTCY

What is the case number? \_\_\_\_\_

Date of Bankruptcy: \_\_\_\_\_ Status of Filing: \_\_\_\_\_

Date of Bankruptcy: \_\_\_\_\_ Business in Operation?  Yes  No

*Please return completed form along with your Signed Statement to Millard County Assessor, 50 S. Main, Fillmore, UT 84631 by **May 15, 2024.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_