



ABC LIQUOR LICENSE/PERMIT BUSINESS NAME AND/OR ADDRESS CHANGE FORM

Business Name	License Number
<input type="checkbox"/> I am changing my Business Name to:	
<input type="checkbox"/> I am changing my DBA Name to:	

I am changing my: Business Mailing Address Business Location Address

NEW BUSINESS MAILING ADDRESS				
Street	County	City	State	Zip
Phone Number		Email Address		

BUSINESS LOCATION ADDRESS					
<input type="checkbox"/> ABC-806 Premise Approval attached		<input type="checkbox"/> Lease/Deed attached			
Current Location Address	Street	County	City	State	Zip
New Location Address	Street	County	City	State	Zip
Phone Number			Email Address		
Effective Date			<input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits		

This change will affect the following license/permit type(s):

<input type="checkbox"/> Retailer <input type="checkbox"/> Class A Club <input type="checkbox"/> Class B Club <input type="checkbox"/> Drinking Establishment <input type="checkbox"/> Hotel / Drinking Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Drinking Establishment / Caterer <input type="checkbox"/> Hotel / Caterer <input type="checkbox"/> Public Venue <input type="checkbox"/> Producer <input type="checkbox"/> Other _____	<input type="checkbox"/> Beer Distributor <input type="checkbox"/> Spirits Distributor <input type="checkbox"/> Wine Distributor <input type="checkbox"/> Supplier Permit <input type="checkbox"/> Microbrewery <input type="checkbox"/> Microbrewery Packaging and Warehousing Facility <input type="checkbox"/> Non-Beverage User <input type="checkbox"/> Microdistillery <input type="checkbox"/> Common Consumption Area	<input type="checkbox"/> Packaging and Warehousing Facility <input type="checkbox"/> Beer Manufacturer <input type="checkbox"/> Spirits Manufacturer <input type="checkbox"/> Wine Manufacturer <input type="checkbox"/> Farm Winery <input type="checkbox"/> Farm Winery Outlet <input type="checkbox"/> Farm Winery / Caterer <input type="checkbox"/> Special Order Shipping <input type="checkbox"/> Microdistillery Packaging and Warehousing Facility
--	---	---

Signature	Date
-----------	------

Return your completed form to the above address.

ABC Office Use Only

BUSINESS NAME CHANGE: <input type="checkbox"/> Checked DBAs <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason Denied:	Signature of ABC Licensing Customer Rep	Date
MAILING ADDRESS: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason Denied:	Signature of ABC Licensing Customer Rep	Date
LOCATION CHANGE: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason Denied:	Signature of ABC Director	Date