

Katie Hobbs  
Governor



Jeffrey Grant  
Interim Director

# ARIZONA DEPARTMENT OF AGRICULTURE

## Pest Management Division

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<https://opm.azda.gov>

### Change in Business Licensee Entity Application

Fee Schedule: NO FEE REQUIRED

**CURRENT ENTITY - SELECT ONLY ONE:**

- SOLE PROPRIETOR   
  PARTNERSHIP   
  CORPORATION   
  STATE   
  SCHOOL DISTRICT  
 LIMITED LIABILITY COMPANY   
 POLITICAL SUBDIVISION   
 FEDERAL AGENCY

**Business Licensee: (Please print clearly or type)**

Current Entity Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Business Information:**

Business Name: \_\_\_\_\_

Business License #: \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Chemical Storage Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NEW ENTITY - SELECT ONLY ONE:**

- SOLE PROPRIETOR   
  PARTNERSHIP   
  CORPORATION   
  STATE   
  SCHOOL DISTRICT  
 LIMITED LIABILITY COMPANY   
 POLITICAL SUBDIVISION   
 FEDERAL AGENCY

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

Reason for Change in Ownership Entity: \_\_\_\_\_

**This application is for Business Licensee Entity Changes only; Business License Name Changes must be submitted on the appropriate application.** Applicants requesting to become a Sole Proprietor or Partnership must submit copy of Registered Trade Name Certificate confirming that the Ownership Entity has registered the Business Name. Applicants requesting to become a Limited Liability Company or Corporation must submit the Arizona Corporation Commission Approved Articles of Organization (LLC.) or Articles of Incorporation. Financial Security must be held in the name as registered with the PMD. Qualifying Party and Business Licenses expire on May 31<sup>st</sup> of each year except that a new Business License and Qualifying Party registration issued this calendar year shall expire May 31<sup>st</sup> of the following year.

**By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.**

\*APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(\*Authorized Signature of – Sole Proprietor, Managing Partner, or Corporate Officer only)