



Arizona Department of Agriculture
 Central Licensing - Pest Management Division
 Physical Location: 1010 W Washington St., Phoenix, AZ 85007
 Mailing Address: 1802 W Jackson St., #78 Phoenix, AZ 85007
 Phone: (602) 542-3578 Fax: (602) 542-0466
 Website: <https://opm.azda.gov/> | Email: licensing@azda.gov

Business License Name Change Application

Fee Schedule: No Fee Required

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)

Entity Name: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Business Information:

Current Business Name: _____

Business License No.: _____ Telephone: _____ Fax: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Chemical Storage Address: _____ City: _____ State: _____ ZIP: _____

Company Email: _____

New Name Request:

Name Requested: _____

This application is for Business License Name Changes only. A change in the ownership entity/status such as Incorporating, becoming a Limited Liability Company, or taking on Partners with more than 10 percent interest in the business (Sole Proprietors and Partnerships only) may require a New Business License. Applicants for a Business License Name Change must submit copy of Registered Trade Name Certificate and/ or Amended Articles of Organization (LLC.) or Amended Articles of Incorporation. Financial Responsibility must be held in the name as registered with the OPM. Qualifying Party and Business Licenses expire on May 31st of each year except that a new Business License and Qualifying Party registration issued this calendar year shall expire May 31st 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)