



THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF WESTPORT

APPLICATION FOR CHANGE OF BUSINESS NAME
OF A CLASS I, II, III, or REPAIR LICENSE

The undersigned, duly authorized by the concern herein mentioned, hereby request a Change of Business Name.

Present Business Name

Name of business: _____

Address: _____

New Business Name

New Name of Business: _____

If a limited liability company, limited partnership or corporation – please submit a copy of the filing with the MA Secretary of States office and a copy of your Business Certificate as filed with the Town Clerk.

APPLICANT(s) SIGNATURE(s)

Full Name

Full Name

Residential Address

Residential Address

Mailing Address – if different

Mailing Address – if different

Date of Birth

Date of Birth

Social Security Number

Social Security Number

Phone Number Cell Number

Phone Number Cell Number

Email

Email