

REQUEST FOR CHANGE OF BUSINESS NAME

State Form 55964 (12-15) Approved by State Board of Accounts, 2015

INDIANA SECRETARY OF STATE AUTO DEALER SERVICES DIVISION

302 West Washington Street, Room E-018 Indianapolis, IN 46204

<u>Dealers@sos.in.gov</u> Fax: (317) 233-1915

INSTRUCTIONS:

- 1. Complete in blue or black ink or print completed request form.
- 2. The request form must be completed by the owner or authorized representative of the dealer.
- 3. You must submit the following documentation reflecting the new business name: Retail Merchant Certificate, Certificate of Liability Insurance, bond, and a photograph of the sign. A Certificate of Existence and/or Certificate of Assumed Name must be included, if applicable.
- 4. The completed request form must be mailed, faxed, or emailed to the Indiana Secretary of State Auto Dealer Services Division. Your request cannot be processed until a completed request form and all supporting documents have been submitted. You will receive an invoice for the fee if your request is approved. The fee must be paid before the Division may issue an amended license.

Name of Dealer on Current License			Dealer Number			County		
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New Dealer Name Doing		g Business As Name, If Applicable				Tax Identification Number		
Effective Date for New Name								
Elective Date for New Name								
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I hereby contify under the people of parity, that I am outherized to make this application and that the applying and information contained in this								
I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this								
application are true and correct.								
Signature of Dealer Owner or Authorized Representative			Date Signed (mm/dd/yyyy)					
Printed Name of Dealer Owner or Authorized Representative								
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