

TENNESSEE MOTOR VEHICLE COMMISSION 500 JAMES ROBERTSON PARKWAY, 5[™] FLOOR NASHVILLE, TN 37243-1153 PHONE 615.741.2711 FAX 615.741.0651 tn.gov/commerce/section/motor-vehicle

BUSINESS NAME CHANGE

NOTE: A CHANGE IN OWNERSHIP STRUCTURE (SOLE PROPRIETORSHIP, CORPORATION, LLC, LLP, OR LP), OR A CHANGE IN LOCATION, REQUIRES THE LICENSEE TO COMPLETE THE APPLICATION PROCESS IN ITS ENTIRETY.

FORMER NAME OF LICENSEE		LICENSE TYPE		LICENSE NUMBER	
NEW NAME					
BUSINESS NAME (Sole Proprietorship/Pa	rtnership/Corporation/LLC/LLP/LP)				
TRADE NAME (DBA or ASSUMED NAME)					
CELL PHONE	BUSINESS PHONE	FAX NUMBER	FAX NUMBER EMAIL AD		ESS
()	()	()			
LOCATION ADDRESS (PHYSICAL ADDRES	S)	CITY/STATE	ZIP	•	COUNTY
MAILING ADDRESS (If different, the mailing address must be in the same county)		CITY/STATE	ZIP		COUNTY
SIGNATURE OF AUTHORIZED DESIGNEE/OWNER DATE					
SIGNATURE OF AUTHORIZED DESIGNEE, OWNER				DATE	
THE FOLLOWING ATTACHMENTS MUST BE PROVIDED TO THE COMMISSION BEFORE YOUR REQUEST WILL BE PROCESSED. YOU					
WILL NOT BE ABLE TO ENGAGE IN BUSINESS USING YOUR NEW NAME OR OPERATING AT YOUR NEW LOCATION UNTIL YOUR NEW LICENSE HAS BEEN ISSUED.					
☐ SURETY BOND RIDER REFLECTING THE NEW NAME, ADDRESS AND EXPIRATION DATE, EXACTLY					
☐ CERTIFICATE OF LIABILITY INSURANCE REFLECTING THE NEW NAME AND ADDRESS, EXACTLY					
☐ COPY OF NEW STATE SALES TAX CERTIFICATE OF REGISTRATION					
□ COPY OF NEW COUNTY BUSINESS TAX LICENSE WITH NAME CHANGE OR NEW ADDRESS (IF APPLICABLE)					
\square COPY OF NEW CITY TAX LICENSE WITH NAME CHANGE OR NEW ADDRESS (IF APPLICABLE)					
☐ COPY OF NAME CHANGE REQUEST TO SECRETARY OF STATE'S OFFICE (IF CORPORATION, LLC, LLP or LP)					
\Box UPDATED COPY OF CORPORATE OFFICERS, DIRECTORS, OR LLC, LLP OR LP (PAGE 2 OF THE DEALER APPLICATION)					
\Box PHOTO OF BUSINESS SIGN REFLECT	TING THE NEW NAME (MUST BE ON 8.5 X	11 PAPER OR AFFIXED TO	AN 8.5 X 11 SHI	EET OF PAPER)	
☐ FEE OF \$400.00					
	DATE SUBMITTED				
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