



DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION

2501 E. Sahara Avenue, Suite 204
Las Vegas, Nevada 89104
(702) 486-4135 • Fax: (702) 486-4309
nmhd@mhd.state.nv.us

APPLICATION TO CHANGE BUSINESS NAME

GENERAL INSTRUCTIONS

1. Type or print in ink when completing this form.
2. Make sure this application is properly signed and notarized.
3. Complete all portions of the application and include any required supplemental information. The division desires to provide courteous and timely service to all applicants. To maximize the efficiency and level of service, the Division will process completed applications only.
4. Certified copy of Articles of Corporation and list of officers. (if applicable)
5. You must complete the attached Nevada Business Registration Form
6. Please include the required fee of \$50.00 for each license to be reprinted. (Your are required to turn in all original licenses and ID cards at the time of application)

PART I – CURRENT BUSINESS NAME AND ADDRESS

BUSINESS NAME AND ADDRESS:

(Use name and address as it currently appears on the records of the MHD)

MHD License Number: _____ SS#: _____

Phone: () _____ Facsimile: () _____

PART II – BUSINESS NAME CHANGE REQUESTED

(Use business name change desired)

PART III – SUPPORTING DOCUMENTATION

- 1. Proof of name change with the local business licensing agency (receipt of payment)
- 2. Notarized statement that all other documents in the old business name will be amended
and proof will be given to the Division within 20 days from the date the application for change has been submitted to Manufactured Housing Division.

I certify under penalty of perjury to the truth and accuracy of the statements contained herein and all information submitted in connection with this application.

By: _____ **Title:** _____
(Signature)

(Print Name)

By: _____ **Title:** _____
(Signature)

(Print Name)

ALL SIGNATURES MUST BE NOTARIZED

Subscribed and sworn to before me this _____ Day of _____,
20____, _____ Notary Public in and for County
of _____ State of _____

(STAMP)