ENTITY CHANGE OF ADDRESS OR TELEPHONE NUMBER REQUEST

Change of Address and Telephone Number: No Fee to update

Name of Entity (please print) ____________________________________________________________

Please make the following address change(s) to Mississippi license # ________________

Mailing Address: (Old) (New/current)
______________________________
______________________________
______________________________
______________________________

Business Address: (New/current)
______________________________
______________________________
______________________________
______________________________

Telephone Number – (Old) (New) Business Email Address- (Old) (New)
______________________________
______________________________

Authorized Representative of Licensee (print): __________________________________________

Authorized Representative (signature): __________________________ Date __________

Resident address can only be changed by authorized representative.
For address/telephone change: scan and email licensing@mid.ms.gov, fax 601-359-1951 or mail.