

Request for Change of Legal Name or Address Instructions

1. **Read the instructions** below for changing the legal name of an individual or business, or your residence or business address. Be aware that certain instructions are specific to certain license types.
2. **Print the *Name/Address Change Form*.**
3. **Complete the form, and send it to the Department** with all required supporting documentation.

New Jersey Department of Banking & Insurance
Licensing Services, Banking
PO Box 473

Trenton, NJ 08625

E-mail: bliconline@dobi.nj.gov

Phone: 609-292-7272 (follow menu prompts & select #3, then #2, then #1 for Licensing staff)

Fax: 609-633-0822

Change of Legal Name

Individual Name Change:

- Attach court order, marriage certificate or other document

Business Name Change:

All License Types

- ***Corporations*** - enclose a copy of the amended Certificate of Incorporation or copy of Alternate Name Certificate
- ***Limited Liability Company*** - enclose a copy of the amended Certificate of Formation and amended Operating Agreement
- ***Partnership or Sole Proprietorship*** - enclose a copy of amended or new trade name certificate
- ***Foreign Corporation*** - enclose a copy of an amended Certificate of Authority to do Business in New Jersey

Pawnbrokers, Foreign Money Transmitters, Money Transmitters, and Debt Adjusters Only

These licensees must enclose the supporting documentation for the name change described above PLUS:

- Enclose an original executed rider to the surety bond reflecting the amended name and /or the addition or deletion of a new alternate name.

Business Address Change

All License Types

- Complete the change of address information on the Name/Address Change Form

Home Repair Contractors Only

- Enclose a copy of the deed, lease or rental agreement for the new business location (even if a residence).
- Enclose (2) two photographs of the location in which the business sign is visible OR if a residence, copies of letters to the post office and telephone company advising of the use of the new residence as a home repair business.

Check Cashers Only

- Enclose a copy of the deed, lease or rental agreement for the new business location – **Note:** The agreement **MUST** be executed between the licensee and the landlord/property owner. If a sublease is involved, there **MUST** be written evidence of the landlord's knowledge and acceptance of the subleasing arrangement
- Enclose (4) four photographs of the location – two exterior and two interior
- Provide a written physical description of the location to be licensed
- Provide evidence of compliance with local zoning requirements, specifically identifying that a check cashing operation may be located at the proposed site, in the form of a letter from the local zoning officer
- Identify any other businesses being conducted or intended to be conducted at the office location to be licensed. **Note:** N.J.S.A.17:15A-47(f) states that a check casher is prohibited from engaging in business other than a business which primarily provides financial services at an office or mobile office. The statement providing this information must be notarized and must fully describe the nature and scope of any other businesses and how such other businesses will be physically separated from the proposed check cashing business.
- Enclose a certified survey demonstrating that the proposed location is **NOT** within 2,500 feet of any other existing licensed check casher principal or branch office location – **Note:** Documentation **MUST** clearly state that there are **NO** check cashing offices within 2,500 feet

Pawnbrokers, Foreign Money Transmitters, Money Transmitters, and Debt Adjusters Only

These licensees must enclose the supporting documentation for the address change described above PLUS:

- Enclose an original executed rider to the surety bond reflecting the new business address.

Banking Licensee Change of Legal Name and/or Address Form

- Print and Complete this form
- Submit all required attachments
- **NO FEE REQUIRED**
- Return completed form to the address listed below

License Ref. No: _____ Effective Date of Change: _____
(located in upper right corner of license)

For Change of Name: (check which item applies)

Change in Business Name: Adding Alternate Name: Deleting Alternate Name:
For Business Name Change, see detailed instructions for information regarding required supporting documentation.

Change in Individual Legal Name: *Attach court order, marriage certificate or other document*

If adding Alternate Name, indicate whether name will be used at all locations or only the main and specified offices:

all locations: main office and only below specified location(s):

For Change of Address: (check which address is being changed)

Business Address: Mailing Address: Residence Address:

If Business Address, see detailed instructions for information regarding any required supporting documentation.

Please enter Name and/or Address Information

Name: _____

Bldg/Suite/Apt: _____

Street Address: _____

PO Box: _____

City: _____ State: _____ Zip: _____

County: _____ (if New Jersey)

Return to: **New Jersey Department of Banking and Insurance**
Licensing Services, Banking
PO Box 473
Trenton, NJ 08625