

**QUALITY JOBS PROGRAM
Contract Amendment
Change in Ownership**

I, _____ of _____ ,
Name and Title Business Name

request a Change in Ownership only for Quality Jobs Contract # _____.

From: _____
Prior Business Owners Name Old Louisiana Dept of Revenue Number

To: _____
New Business Owners Name New Louisiana Dept of Revenue Number

If applicable, please provide the following information for LLC or Sub-S corporation members:

Name Social Security or
Louisiana Dept of Revenue Number

Date Official's Signature Official's Printed/Typed Name and Title

Approved on _____, 20_____ By: _____
Board of Commerce and Industry

Board of Commerce and Industry Typed Named

Return 3 originals to: Louisiana Economic Development
Business Incentive Services
P.O. Box 94185
Baton Rouge, Louisiana 70804-9185