

Business Closed or Sold

ess	Owner/Applicant Name:	Owner/Applicant Address: Phor		Phone	::	
sine	Business/Corporation Name:		DBA Name:			License #:
Bu	Address/Location:					Date Closed:
osed	Bill To/Mailing Address:					Telephone Number:
C	City:	State:		Zip:		

18	Buyer's Name:	Buyer's Address:		Buyer's Phone:		
ness	Previous Owner Name:	Previous Owner Address:		Pre	Previous Owner Phone:	
Busi	Business Name:		DBA Name:	·	License #:	
old	Address/Location:				Date Sold:	
Ō	Bill To/Mailing Address:				Telephone Number:	
	City:	State:		Zip:		

****Financial Information below must be completed for all closed and sold businesses.**

Please list below the actual gross receipts and number of employees in the the year in which the business has closed or been sold (From January until closed/sold/moved out of Brookhaven). Georgia Open Records Act prohibits public viewing of gross receipts. other information on this form.	1 st of the current year
o Yearly Actual Brookhaven and Georgia Gross Receipts	\$
Yearly Actual Brookhaven Employees (at least one, includes owner/operator)	#

Signature______Date _____