The City of Brookhaven, GA

4362 Peachtree Rd
Atlanta GA 30319
Main   404-637-0500
Fax   404-637-0501
www.brookhavenga.gov

Change of Address Notification

**Please be advised that ALL change of addresses that take place within the city limits of Brookhaven will need to be pre-approved by the Zoning Department to determine if business operations may continue at the new location.

Moved Business	( ) Moved outside of Brookhaven city limits		( ) Moved within Brookhaven city limits	
	Owner/Applicant Name:	Owner/Applicant Address:		Phone:
	Business/Corporation Name:	DBA Name:		License #:
	Dominant Business Activity:			
	Old Address/Location:			Date Moved:
	Old Bill To/Mailing Address:			
	New Address/Location:			Telephone Number:
	New Bill To/Mailing Address:			

**Financial Information below must be completed for all businesses that have moved outside of the city limits of Brookhaven.

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

Signature_____Position_____Date_____

**If your change of address is approved by the Zoning Department, the Finance & Administration Department will mail you a revised occupational tax license. If your change of address has been denied due to zoning issues you will be notified.

OFFICE USE ONLY: Class____Type_____H.O.P._____District_____Lot_____Block Parcel __   **Zoning:**
Approved by_____Denied by_____Date_____Denial Reason_____
Pending Items: C.O.____Fire_____Health _   Sanitation Service__State License_____Insurance_____Police_____Other _____
Business License Items: Primary ID#_____Owner's ID#_____Bill to ID#_____