

Change of Information Form

Please complete all applicable sections and mail to the City of Brookhaven Finance Department at 4362 Peachtree Road, Brookhaven, GA 30319. Once the changes have been made a revised business license will be mailed.

Account/License #: _____

Business Name: _____

Change of Address within Brookhaven city limits

Old Physical Business Location Address: _____

New Physical Business Location Address: _____

Change of Mailing Address

Old Mailing Address: _____

New Mailing Address: _____

Change of Business Name

Old Business Name: _____

New Business Name: _____

Change of Contact Information

New Telephone #: _____ New Fax #: _____

New Email: _____

Change of Business Description

Old Business Description: _____

New Business Description: _____

Signature _____ **Date** _____