

## **Change of Information Form**

Please complete all applicable sections and mail to the City of Brookhaven Finance Department at 200 Ashford Center North, Suite 150 Atlanta, GA 30338. 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** \_\_\_\_\_