

Business Closed or Sold

Closed Business	Owner/Applicant Name:	Owner/Applicant Address:	Phone:
	Business/Corporation Name:	DBA Name:	License #:
	Address/Location:		Date Closed:
	Bill To/Mailing Address:		Telephone Number:
	City:	State:	Zip:

Sold Business	Buyer's Name:	Buyer's Address:	Buyer's Phone:
	Previous Owner Name:	Previous Owner Address:	Previous Owner Phone:
	Business Name:	DBA Name:	License #:
	Address/Location:		Date Sold:
	Bill To/Mailing Address:		Telephone Number:
	City:	State:	Zip:

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

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 closed or been sold (From January 1 st 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 _____