DeKalb County
GEORGIA

DEPARTMENT OF PLANNING & SUSTAINABILITY

CHANGE OF INFORMATION REQUEST FORM

178 SAMS STREET | DECATUR, GA 30030 | (404) 371-2461 FAX (404) 371-2946

SECTION(S) TO BE COMPLETED

INDICATE INFORMATION TO BE CHANGED	SECTION 1	SECTION 2	SECTION 3
	☐ Contact Information ☐ Mailing Address ☐ Contact Personnel **AFFIDAVIT MAYBE REQUIRED**	☐ Line/ Use of Business ☐ Moved Within Unincorporated ☐ Ownership Interest ☐ Name of Business **EVIDENCE OF QUALIFICATION(S) REQUIRED BEFORE CHANGE(S) CAN BE EFFECTIVE**	☐ Sold Business ☐ Closed Business ☐ Moved Outside Unincorporated **FINANCIAL INFORMATION SECTION MUST BE COMPLETED BEFORE ACCOUNT CAN BE CLOSED**

CHANGE OF INFORMATION REQUESTED FOR:

LEGAL/ ENTITY NAME:	TRADENAME:	ACCOUNT #

Description of previous primary line of business conducted:	NAICS

SECTION 1

CHANGE OF CONTACT INFORMATION

ADD/ REMOVE	PHONE	EMAIL	FAX	EFFECTIVE DATE

CHANGE OF MAILING ADDRESS

ADD/ REMOVE	STREET	CITY	ST	ZIP	EFFECTIVE DATE

CHANGE OF CONTACT PERSONNEL

ADD/ REMOVE	NAME/TITLE	ADDRESS	PHONE/ FAX/ EMAIL	EFFECTIVE DATE
	First:	Street:	P:	
	Last:	City:	F:	
	Title:	State: Zip:	E:	
	First:	Street:	P:	
	Last:	City:	F:	
	Title:	State: Zip:	E:	

SECTION 2

CHANGE OF LINE/ USE OF BUSINESS

Description of new primary line of business to be conducted:	EFFECTIVE DATE

MOVED WITHIN UNINCORPORATED

	Street *(P. O. BOX NOT PERMITTED)*	City	ST	Zip	MOVE DATE
NEW			GA		

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	Street *(P. O. BOX NOT PERMITTED)*	City	ST	Zip	MOVE DATE
OLD			GA		

CHANGE OF OWNERSHIP INTEREST

ADD/ REMOVE	NAME/TITLE	ADDRESS	PHONE/ OWNERSHIP %/ EMAIL	EFFECTIVE DATE
	First:	Street:	P:	
	Last:	City:	Ownership %:	
	Title:	State: Zip:	E:	
	First:	Street:	P:	
	Last:	City:	Ownership %:	
	Title:	State: Zip:	E:	

CHANGE NAME OF BUSINESS

NEW		EFFECTIVE DATE
OLD		INEFFECTIVE DATE

SECTION 3

SOLD BUSINESS ONLY

Buyer's First Name:	Buyer's Last name:
Buyer's Phone:	Buyer's Email:
Buyer's Company Name:	

Buyer's Street Address:	City:	ST:	Zip:

FINANCIAL INFORMATION

SELECT ONLY ONE: ☐ SOLD ☐ CLOSED ☐ MOVED OUTSIDE UNINCORPORATED DEKALB

		EFFECTIVE DATE
ACTUAL DEKALB COUNTY AND GEORGIA GROSS RECEIPTS	$	
ACTUAL NUMBER OF DEKALB COUNTY EMPLOYEES		

ACCEPTANCE AND ACKNOWLEDGEMENT

Has the owner, applicant, the stated business complied pursuant to DeKalb County section 15-40 (d) which states, Applicants and holders have a duty to update the department of any change in ownership, use, address, line of business, or any other information required to be submitted with the initial application or renewal. Unless otherwise specified, failure to update the department, within sixty (60) days, of any such change may result in the suspension, revocation, or denial of the application or certificate. ☐ YES ☐ NO If no, attached explanation:

Georgia Open Records Act prohibits public viewing of gross receipts. Other information on this form may be viewed. I agree that the above information is correct and true.

First Name:	Last Name:
Phone:	Email:

Signature of Authorized Representative	Title	Date