

Change of OWNERSHIP Certification Change of BUSINESS NAME Certification

Please fill out both pages of form COMPLETELY then sign before a notary.
This form, if applicable, can be used in lieu of building plan submittal for most occupancy classifications.

| | |
|--|---|
| Existing Business Name | _____ |
| New Business Name | _____ |
| Existing Business Owner Name(s) | _____ Telephone _____ |
| New Business Owner Name(s) | _____ Telephone _____ |
| Type of Business / Business Activities | _____ |
| Address | _____ Suite # _____ City _____ Zip Code _____ |

I, *(Print New Business Owner's Name/Names)* _____
am proposing the following changes to the above-listed location:

(Select only one)

- A change in the ownership of the business only
 A change in the name of the business only
 A change in the ownership plus a change in the name of the business

I also acknowledge that the following items are all required for approval:

(Initial before each statement)

_____ **I have made no changes in any way** (i.e. no changes to finishes, paint, floor nor any modifications or repairs including mechanical, gas, plumbing and/or electrical work, load bearing walls, non-load bearing walls, exits, occupancy classification, occupant load, etc.) to the above-listed space. I also affirm that **I will be conducting the same type of business** as is currently being conducted at the above-listed location.

_____ *I understand that a valid Certificate of Occupancy and associated documents must be on file with DeKalb County for this business at the above-listed location. Restaurants and bars will require that the Letter of Entertainment, the DeKalb County Board of Health Compliance Checklist, and the Fats, Oils, and Grease (F.O.G.) documentation be revised/resubmitted to reflect these changes.*

_____ *I understand that a current and valid Business License must be on file with DeKalb County for this business at the above-listed location.*

Please complete page 2

DEPARTMENT OF PLANNING & SUSTAINABILITY

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Change of BUSINESS NAME Certification**

Continued from Page 1

(Initial before each statement)

____ I understand that my business must be in compliance with all current zoning regulations as determined by DeKalb County.

____ I understand that a life safety inspection will be conducted of my business. The inspector may discover life safety violations that will need to be corrected in a timely manner. I also understand that the inspector may discover life safety violations such that I will be required to submit plans and obtain a permit to correct the violations. After the completion of an approved life safety inspection, I will proceed to the permit office to obtain a Certificate of Occupancy.

____ I understand that after I receive my new Certificate of Occupancy I will need to proceed to the Business License department to obtain a revised or new Business License.

I, *(Owner's Signature)* _____
attest that, to the best of my knowledge, all of the above information is true.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public

My Commission Expires



Notary Seal

The portion below to be filled out by DeKalb County Plans Examiners

| | |
|---|-----------------------------------|
| <p><i>Building Development Administration</i></p> | <p><i>Fire Marshal Office</i></p> |
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Comments
