

# CHANGE OF INFORMATION REQUEST FORM

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

SECTION(S) TO BE COMPLETED					
<b>INDICATE INFORMATION TO BE CHANGED</b>	<b>SECTION 1</b> <input type="checkbox"/> Contact Information <input type="checkbox"/> Mailing Address <input type="checkbox"/> Contact Personnel  <b>AFFIDAVIT MAYBE REQUIRED</b>	<b>SECTION 2</b> <input type="checkbox"/> Line/ Use of Business <input type="checkbox"/> Moved Within Unincorporated <input type="checkbox"/> Ownership Interest <input type="checkbox"/> Name of Business  <b>EVIDENCE OF QUALIFICATION(S) REQUIRED BEFORE CHANGE(S) CAN BE EFFECTIVE</b>	<b>SECTION 3</b> <input type="checkbox"/> Sold Business <input type="checkbox"/> Closed Business <input type="checkbox"/> Moved Outside Unincorporated  <b>FINANCIAL INFORMATION SECTION MUST BE COMPLETED BEFORE ACCOUNT CAN BE CLOSED</b>		
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					
NEW	Street <i>(P. O. BOX NOT PERMITTED)</i>	City	ST	Zip	MOVE DATE
			GA		

<b>OLD</b>	<b>Street</b> <i>(P. O. BOX NOT PERMITTED)</i>	<b>City</b>	<b>ST</b>	<b>Zip</b>	<b>MOVE DATE</b>
			GA		
<b>CHANGE OF OWNERSHIP INTEREST</b>					
<b>ADD/ REMOVE</b>	<b>NAME/TITLE</b>	<b>ADDRESS</b>		<b>PHONE/ OWNERSHIP %/ EMAIL</b>	<b>EFFECTIVE DATE</b>
	<b>First:</b>	<b>Street:</b>		<b>P:</b>	
	<b>Last:</b>	<b>City:</b>		<b>Ownership %:</b>	
	<b>Title:</b>	<b>State:</b>	<b>Zip:</b>	<b>E:</b>	
	<b>First:</b>	<b>Street:</b>		<b>P:</b>	
	<b>Last:</b>	<b>City:</b>		<b>Ownership %:</b>	
	<b>Title:</b>	<b>State:</b>	<b>Zip:</b>	<b>E:</b>	
<b>CHANGE NAME OF BUSINESS</b>					
<b>NEW</b>					<b>EFFECTIVE DATE</b>
<b>OLD</b>					<b>INEFFECTIVE DATE</b>
<b>SECTION 3</b>					
<b>SOLD BUSINESS ONLY</b>					
<b>Buyer's First Name:</b>			<b>Buyer's Last name:</b>		
<b>Buyer's Phone:</b>			<b>Buyer's Email:</b>		
<b>Buyer's Company Name:</b>					
<b>Buyer's Street Address:</b>		<b>City:</b>	<b>ST:</b>	<b>Zip:</b>	
<b>FINANCIAL INFORMATION</b>					
<b>SELECT ONLY ONE: <input type="checkbox"/> SOLD <input type="checkbox"/> CLOSED <input type="checkbox"/> MOVED OUTSIDE UNINCORPORATED DEKALB</b>					
<b>ACTUAL DEKALB COUNTY AND GEORGIA GROSS RECEIPTS</b>				<b>\$</b>	<b>EFFECTIVE DATE</b>
<b>ACTUAL NUMBER OF DEKALB COUNTY EMPLOYEES</b>					
<b>ACCEPTANCE AND ACKNOWLEDGEMENT</b>					
<p>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. <input type="checkbox"/> YES <input type="checkbox"/> NO If no, attached explanation:</p>					
<p>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.</p>					
<b>First Name:</b>			<b>Last Name:</b>		
<b>Phone:</b>			<b>Email:</b>		
_____			_____		_____
<b>Signature of Authorized Representative</b>			<b>Title</b>		<b>Date</b>