

PO Box 830900
Birmingham, AL 35283-0900



Brookhaven Change of Address Form

Toll Free Phone: (800) 556-7274
Toll Free Fax: (844) 528-6529

Email: businesslicensesupport@avenuinsights.com
Website: www.avenuinsights.com

Business License Renewal
PO Box 830900
Birmingham, AL 35283-0900

Avenu Account No.: _____

****Please be advised that ALL change of addresses within the city limits of Brookhaven will need to be pre-approved by the Zoning Department to determine if business operations may continue at the new location.**

If your change of address is approved by the Zoning Department, you will be mailed a revised occupational tax license. If your change of address has been denied due to zoning issues you will be notified.

Please select one:

_____ Moved outside of Brookhaven city limits _____ Moved within Brookhaven city limits

Owner/Applicant Name: _____ Phone: _____

Owner/Applicant Address: _____
City State Zip

Business/Corporation Name: _____

Doing Business As: _____ License #: _____

Dominant Business Activity: _____

Old Address/Location: _____ Date Moved: _____
No PO Box City State Zip

Old Bill To/Mailing Address: _____
City State Zip

New Address/Location: _____
No PO Box City State Zip

New Bill To/Mailing Address: _____
City State Zip

Business Phone Number: _____ Email Address: _____

****Financial Information below must be completed for all businesses that have moved outside of the city limits of Brookhaven. Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.**

Financial Information (Confidential)

Please list below the actual gross receipts and number of employees in the Brookhaven office of the year in which the business has moved outside of the city limits of Brookhaven (From January 1st of the current year until closed/sold/moved out of Brookhaven).

Yearly Actual Brookhaven and Georgia Gross Receipts: \$ _____

Yearly Actual Brookhaven Employees (at least one, includes owner/operator): # _____

Signature: _____ Position: _____ Date: _____

Phone: _____ Email: _____

Office Use Only: Class _____ Type _____ H.O.P. _____ District _____ Lot _____ Block Parcel _____

Zoning Approved By _____ Denied By _____ Date _____ Denial Reason _____

Pending Items: C.O. _____ Fire _____ Health _____ Sanitation Services _____ State License _____ Insurance _____ Police _____ Other _____