

PO Box 830900  
Birmingham, AL 35283-0900



### Brookhaven Business Closed or Sold Form

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

Email: [businesslicensesupport@avenuinsights.com](mailto:businesslicensesupport@avenuinsights.com)  
Website: [www.avenuinsights.com](http://www.avenuinsights.com)

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

Avenu Account No.: \_\_\_\_\_

If the business closed, complete the first and third section.

If the business was sold, complete all sections.

#### Section 1 -- Information on File with current license (Required if Closed/Sold)

Owner/Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/Applicant Address: \_\_\_\_\_  
City State Zip

Business/Corporation Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_ License #: \_\_\_\_\_

Address/Location: \_\_\_\_\_ Date Closed/Sold: \_\_\_\_\_  
No PO Box City State Zip

Bill To/Mailing Address: \_\_\_\_\_  
City State Zip

Business Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Section 2 -- If Sold, new buyer information.

Buyer's Name: \_\_\_\_\_ Buyer's Phone: \_\_\_\_\_

Buyer's Address: \_\_\_\_\_  
City State Zip

New Business Name: \_\_\_\_\_ New DBA: \_\_\_\_\_

New Address/Location: \_\_\_\_\_  
City State Zip

New Bill To/Mailing Address: \_\_\_\_\_  
City State Zip

New Business Phone Number: \_\_\_\_\_ New Email Address: \_\_\_\_\_

#### Section 3 -- Required if Sold or If Closed

**\*\*Financial Information below must be completed for all businesses that have been sold or closed. 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 1<sup>st</sup> 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 \_\_\_