



LOCATION CHANGE FOR EXISTING COMMERCIAL BUSINESS



This is an application for an existing commercial business that has a Forsyth County business license and is moving from the existing location in Forsyth County to another location inside the unincorporated areas of Forsyth County.

IF YOU ARE MOVING FROM A COMMERCIAL LOCATION TO A RESIDENTIAL LOCATION YOU WILL NEED TO FILL OUT THE LOCATION CHANGE FOR EXISTING RESIDENTIAL BUSINESSES.

BUSINESS INFORMATION / PREVIOUS ADDRESS

License Number: _____

Business Name: _____

Previous Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

BUSINESS ADDRESS CHANGES

New Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

New Business Phone: _____ Fax: _____

Email: _____

Federal ID #: _____ GA Sales Tax #: _____

IF OWNERSHIP HAS CHANGED PLEASE FILL OUT NEW APPLICATION AND APPLY FOR A NEW BUSINESS LICENSE.

Business Owner: _____ Home Phone: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Owners Signature: _____ Date: _____



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**FORSYTH COUNTY 911 CENTER
AFTER HOURS EMERGENCY CONTACT**

ATTENTION: ALL FORSYTH COUNTY BUSINESSES
FROM: FORSYTH COUNTY 911 CENTER
RE: AFTER HOUR EMERGENCY CONTACT INFORMATION

Please fill out the questionnaire below and return with your application for a Forsyth County business license. This is *necessary* information in the event of a crisis situation for our emergency personnel.

If there are any changes, updates or closing of the business, please contact our C.A.D. Department by phone at 678-513-5949 or by fax at 770-781-2202

****PLEASE PRINT CLEARLY****

DATE SUBMITTED: _____ RESIDENTIAL BUSINESS ? YES _____ NO _____

BUSINESS NAME: _____

STREET ADDRESS: _____

SUITE/APT #: _____ CITY: _____ ZIP: _____

DIRECTIONS:

LANDLINE BUSINESS PHONE: _____

****IF CELL PHONE ONLY BUSINESS:** _____

BUSINESS OPERATING HOURS: _____

TYPE / PURPOSE OF BUSINESS: _____

24 HOUR EMERGENCY CONTACT PERSONEL:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

ALARM COMPANY NAME: _____

ALARM COMPANY PHONE NUMBER: _____

****HAZARDOUS MATERIALS? YES _____ NO _____**

If yes, please list the chemical name and U.N. # on reverse side.



LOCATION CHANGE FOR EXISTING COMMERCIAL BUSINESS

Forsyth County Planning & Development
Phone (770) 781-2115 110 East Main Street | Suite 100 Fax (678) 513-5876
Cumming, GA 30040

Date Submitted: _____
Business Name: _____
Physical Address: _____
Suite #: _____ Square Footage of Tenant Space: _____
Contact Name: _____ Phone: _____
Fax: _____ Email: _____

Are you making any changes other than cosmetic (paint, carpet, etc.)? YES / NO
IF YES what changes? _____

Your Primary Business Activity: _____

(If you will be sharing space with another tenant, please complete below):
Existing Business Name: _____
Business Activity: _____

Directions to Business: _____

Signature: _____ **Date:** _____

(OFFICE USE ONLY)

Occupancy type (s) = A1, A2, A3, A4 A5, B, E F, F1, F2, H1, H2,H3, H4, H5, I1, I2, I3, I4, M, R1, R2, R3, R4, S1, S2, U
The application has been reviewed and it has been determined that a:
* Change of use identified: _____ change from _____ to _____
* Change of occupancy type identified: _____ change from _____ to _____
* No records located for given address/suite: _____
* T.O Inspection for maintenance conformance required: _____
The following **inspections will be required:**
FE: _____ FP: _____ FM: _____ FG: _____ FI: _____ Tenant Occupancy: _____
Last C of O for address/occupancy type: _____ Permit #: _____
Last Business License Number: _____ NAICS # _____
Reviewed By: _____ Date: _____
Approved: No Change in use/type identified or less hazardous use _____
Approved By: _____ Date: _____
Link to existing Permit # _____ Occupancy Type: _____

