



## Residential Business Location Change Application

If you are moving from a residential location to a commercial location, you will need to complete the Commercial Business Location Change Application

### A. PREVIOUS BUSINESS INFORMATION

Business License Number:

Business Name:

Previous Business Address:  City:  Zip Code:

### B. NEW BUSINESS INFORMATION

If ownership has changed, please apply for a new business license.

New Business Address:  City:  Zip Code:

New Business Phone:  Business Fax:

Mailing Address:

City:  State:  Zip Code:

Business E-mail:

Business Owner:

Owner Address:  City:  Zip Code:

Federal ID Number:  GA Sales Tax Number:

Primary Business Activity:

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

FOR STAFF USE ONLY  
BUSINESS LICENSE NUMBER:

**C. PROFESSIONAL HOME OFFICES**

**Professional Home Offices** are businesses that, by their nature, appearance and inherent operational activities and characteristics, are potentially less intensive in character and activity and are, therefore, less likely to have a noticeable and negative impact on the residential or agricultural character of the subject property and surrounding neighborhood. Due to the less intensive nature of these activities, applications for professional home office need only be reviewed by staff for administrative approval and more than one (1) professional home office per residence may be granted. A professional home office shall comply with all of the following performance criteria and general requirements set forth in the Forsyth County Unified Development Code, Chapter 16, Section 3.1 A:

Activities associated with a professional home office shall be conducted entirely within the residential dwelling including an attached garage, or, one (1) detached garage when no attached garage exists; and

The display, storage or parking of materials, goods, supplies or equipment outside of the dwelling or within an accessory building (excluding an attached garage) is prohibited; except as may be permitted in the Agricultural zoning districts as provided for in Chapter 17, Section 6.4; and

There shall be no non-resident employees working upon the property for which a professional home office license has been granted; and

There shall be only two customers on the premises; and

No more than one (1) vehicle, used primarily as a passenger vehicle, shall be permitted in the connection with the professional home office. Trucks with three or more axles, tractor trailers, heavy equipment, etc. are not allowed except as may be permitted in the Agricultural zoning districts as provided for in Chapter 17, Section 6.4.; and

The use of exterior signage is prohibited.

Owner/Proprietor of all professional home offices shall maintain a valid business license. Failure to hold a valid business license will invalidate the professional home office license.

All professional home office licenses shall be deemed valid for an initial twelve (12) month period unless otherwise provided for as a condition of the approval of said permits.

The granting of a professional home office license shall not constitute a covenant running with the property from which such home business is being conducted. A professional home office license shall not be transferable to another property and shall automatically and immediately terminate and become null and void upon the sale, lease, or transfer of said property to a party different than to whom the professional home office license was originally granted.

**D. DETAILS OF PROPOSED PROFESSIONAL HOME OFFICE USE (IF APPLICABLE)**

Business Address:  City:  Zip Code:

Business Name:

Provide a detailed description of the proposed business activity:

Total floor area of the applicant's domicile and/or accessory building, if applicable:

Total floor area used to conduct activities associated with the professional home office excluding unheated areas such as porches, unfinished basements, garages and decks:

Total number and type of vehicles used in connection with the professional home office:

Parking locations (off-street and parking on lawn areas are prohibited):

I, \_\_\_\_\_, hereby certify that I have read and understand the professional home office requirements and that I will comply with the requirements as outlines above and as required by the Forsyth County Unified Development Code.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**E. AFTER HOURS EMERGENCY CONTACT**

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 Forsyth County Computer Aided Dispatch by phone at 770-781-3087 or by fax at 770-781-2202.

Date Submitted:  Residential Business?

Business Name:

Business Address:  City:  Zip Code:

Directions to Business:

Landline Business Phone:  *If Cell Phone Only Business Number:*

Business Operating Hours:  Business Operating Hours:

Type of Business:

24 Hour Emergency Contact Personnel:

Name:  Phone Number:

Name:  Phone Number:

Name:  Phone Number:

Alarm Company Name:

Alarm Company Phone Number:

Hazardous Materials?

If yes, list chemical name and UN number: