



**Planning & Zoning Department
TENANT OCCUPANCY APPLICATION**

1500 Morrow Rd. Morrow, GA 30260 Direct: 678.902.0870 email: MTracy@MorrowGA.gov

Application Date: ___/___/___

PERMIT NO. _____

THIS APPLICATION IS FOR ALL BUSINESSES THAT ARE NEW, CHANGING LOCATIONS OR CHANGING OWNERSHIP.

Property & Tenant Information:

ADDRESS:		SUITE #	BUSINESS NAME:
CONTACT NAME:		E-MAIL:	
PHONE #:	SQUARE FOOTAGE OF SPACE:	SERVICE(S) OFFERED: <input type="checkbox"/> See Attached	
ESTIMATED OPEN DATE:	PROPOSED CHANGE(S) TO SPACE:		
PREVIOUS USE OF SPACE:			

Owner/Landlord Information:

NAME:	ADDRESS:
CONTACT PERSON:	EMAIL:
PHONE #:	ALTERNATE #:

REASON FOR THIS REQUEST:

My business is **New** **Changing Locations** (within the City of Morrow) or **Changing Ownership**

If Changing Locations, what was your previous address: _____

I CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION ON THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION SUPPLIED BY ME ARE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING OPENING AND OPERATING A BUSINESS, INCLUDING OBTAINING A BUSINESS LICENSE AND APPLICABLE PERMITS FROM THE CITY OF MORROW, SHALL BE COMPLIED WITH.

Date: _____ Printed Name: _____ Signature: _____

FOR OFFICE USE ONLY : (Processed and entered into the system)			
ZONING VERIFIED: _____	ACCEPTED BY: _____	DATE RECEIVED: _____	
APPLICATION/PERMIT FEE: \$ _____	PAYMENT METHOD: <input type="checkbox"/> CHECK CHECK # _____	<input type="checkbox"/> CREDIT/DEBIT CARD	<input type="checkbox"/> MONEY ORDER
APPROVED/DENIED BY: _____	DATE: _____		