



Office Use Only

Date Received: _____

Date Completed: _____

NOTIFICATION—CLOSE OF BUSINESS FORM

APPLICANT INFORMATION

| | | | |
|------------------------------|------|--------|----------|
| Applicant Name | | | |
| Mailing Address | | | |
| Suite/Unit/Apt | City | State | Zip Code |
| Tel # | Fax | E-mail | |
| Name of Business | | | |
| Address/Location of Business | City | State | Zip Code |

NOTIFICATION

Notification

I, We _____, have chosen to close the business _____
Business Owners Name Business Name

located at _____
Business Address

In the City of Riverdale, on this _____ of _____, _____
Day Month Year

PLEASE NOTE

Please Note

- If your business is no longer in operation and /or ceases to exist, the business owner is requested to visit the City of Riverdale Planning, Zoning, and Economic Development Department and submit the appropriate documents.
- Please be advised that if you have a business that falls under the 6.1 Continuance of a Non-Conforming Use (Grandfather Clause) and your business is closed for more than a 6 month period of time, the subsequent "Grandfather Clause" will no longer apply, and the use will no longer be allowed for this location.

AUTHORIZATION

Authorization By Property Owner

The above information is true and correct to the best of my knowledge and belief, and I fully understand that in the event information given above proves false, action, if any, may be revoked by the City Council. I swear that I am the business owner of the property which is the subject matter of the attached Petition Close the Business aforementioned above, as shown in the records of The City of Riverdale, Georgia.

Sworn to and subscribed before me this _____ day of _____, 2010.

X _____ X _____
 Business Owner Print Name Business Owner Signature Date

X _____ X _____
 Witness Print Name Witness Signature Date