

BEAUFORT COUNTY BUSINESS SERVICES

P.O. DRAWER 1228 BEAUFORT, SC 29901-1228

PHONE: 843-255-2270 FAX: 843-255-9411

www.beaufortcountysc.gov

Closure Form

• 1	,	uthorized party for the following business:	
	Business Name:		
	Doing Business As:		
	Owner:		
	Address:		
• F	Please close the business license a	ccount as of	
٦	he business:		
		nd fees due at the time of closing still to be paid.	
	Relocated – New address:		
	Restructured and requires new licensing.		
	Sold – New Owner Information: Na	New Owner Information: Name	
	Phone	Number	
	Addres	SS	
unincor if you are I certify	porated boundaries of Beaufort County, the buse a legal business registered with South Carolina South all business personal property taxes due a	es tax returns under that number; and is physically located and/or operating in the siness is required to keep a current Beaufort County business license. Also, ecretary of State – Please provide copy of dissolution. Ind payable to the town/county have been paid, and the above business the state and federal governments.	
Signe	d	Title	
	se note: An individual acting as an authorized notarized letter signed by an owner/officer to a	party must provide a letter of authorization on company letterhead ct on behalf of the company.	
	This request for cancellation is limite	ed to licenses issued by Beaufort County.	
Busine	ss Official's signature	Date:	