

## **Closure Form**

• I am the (circle one) owner/officer/ authorized party for the following business:	
Business Name:	
Doing Business As:	
Owner:	
Address:	
	e account as of
This business:  Closed- Any delinquent taxes an	d fees due at the time of closing still need to be paid.
Relocated- New address:	
Restructured and requires new lice	ensing.
Sold- New Owner Information: No	ame
Phone Num	ber
Address	
physically located and/or operating in the is required to keep a current Jasper Couregistered with the South Carolina Secreta I certify that all business personal property	D # or FEIN; Files tax returns under that number; and is unincorporated boundaries of Jasper County, the business inty business license. Also, if you are a legal business ry of State- Please provide a copy of dissolution.  taxes due and payable to the county have been paid, and the lon documents filed with the state and federal governments.
Signed	Title
Date *Please Note: An individual acting as an autho letterhead or a notarized letter signed by an ow	rized party must provide a letter of authorization on company rner/officer to act on behalf of the company.
This request for cancellation	is limited to licenses issued by Jasper County.
Business Official's signature	Date: