## **Closure Form**

I am the (circle one) owner/officer/ authorized party for the following business: •

Busines	
Doing B	Business As:
Owner:	
Address	:
Please of	close the business license account as of
This bu	siness:
Closed-	Any delinquent taxes and fees due at the time of closing still need to be paid
Relocate	ed- New address:
Restruct	tured and requires new licensing.
Sold- N	ew Owner Information: Name
	D1 · · · · N · · · · · ·
	Phone Number

Please Note: If your business has Federal ID # or FEIN; Files tax returns under that number; and is physically located and/or operating in the unincorporated boundaries of Jasper County, the business is required to keep a current Jasper County business license. Also, if you are a legal business registered with the South Carolina Secretary of State- Please provide a copy of dissolution.

I certify that all business personal property taxes due and payable to the county have been paid, and the above business name is the same as reported on documents filed with the state and federal governments.

Signed

Title

## Date

\*Please Note: An individual acting as an authorized party must provide a letter of authorization on company letterhead or a notarized letter signed by an owner/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: