

CITY OF BEAUFORT BUSINESS LICENSE CLOSURE FORM

Phone: (843)-525-7025
Fax: (843) 470-3517

1911 Boundary St
Beaufort SC 29902

Website: <http://www.cityofbeaufort.org>
Email: buslicense@cityofbeaufort.org

Business Information

1. Business/Company Name: _____
2. Doing Business As (if applicable) _____
3. Owner Name: _____ Date of Closure _____
4. Business Address: _____

Type of Closure – Please select the most appropriate answer for your circumstance

- Shut Down – no longer doing business at all
- Moved – no longer located within the City of Beaufort

Address business moved to (within Beaufort County) _____

- Sold the business to another owner (Please complete the section below)

Name of New Owner: _____

New Owners Telephone: _____ Email: _____

Mailing Address: _____

Date of Sale: _____

I do hereby certify the above information is true and correct. I am familiar with the penalty provisions of the ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application. I certify that all business personal property taxes due and payable to the town/county have been paid, and the above business name is the same as reported on documents filed with the state and federal governments. I understand my business tax returns and other documents may be inspected by the Town of Bluffton to verify business date.

Name: _____ Signature _____

Relationship to Business _____ Date _____

City of Beaufort Staff Signature _____ Date _____