



BEAUFORT COUNTY BUSINESS SERVICE CENTER
P.O. DRAWER 1228 **PHONE: 843-255-2270**
BEAUFORT, SC 29901-1228 **FAX: 843-255-9411**
www.beaufortcountysc.gov

I _____, the owner, officer or
 Name

authorized party* for _____
 Business Name

located at _____ request the
 Address

cancellation of all accounts or the license(s) listed below: as of _____

License Number	License Classification

The business has/was:

Closed. **Any delinquent taxes and fees due at the time of closing still need to be paid.**

Please note, if your business:

- 1) Has Federal ID # or FEIN, and
- 2) Files tax returns under that number, and
- 3) If the business is physically located and/or operating in the **unincorporated boundaries of Beaufort County the business is required to keep a current Beaufort County business license.**
- 4) if you are a legal business registered with South Carolina Secretary of State – Please provide copy of dissolution.

Relocated outside of Beaufort County and will not conduct any business within the County boundaries that requires a business license.

Restructured and requires new licensing.

Sold.

 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 Beaufort County.

Business Official's signature _____ Date: _____