CHANGE REQUEST FORM

☐ **Changed in system** ☐ **Changed in hosp** ☐ **Note in computer** **Processed by: _____ Date:_____**

☐ **Held in computer** ☐ **Copy given to Zoning** ☐ **Copy given to Kristi for Fire**

LICENSE YEAR:_____ Business License #: _____ Class: ____ SIC: _____ Hosp #: _____

Phone # _____

Business Name (D/B/A) : _____

Location Address: _____

PLEASE COMPLETE THE ITEM(S) MARKED THAT HAVE CHANGED

☐ New D/B/A: _____

☐ Ownership Change From: ☐ Sole Ownership ☐ Partnership ☐ Corporation ☐ LLC
To: ☐ Sole Ownership ☐ Partnership ☐ Corporation ☐ LLC

☐ Owner / Partner Names:: _____ _____
Soc. Sec. No.

_____ _____
Soc. Sec. No.

☐ Corporate Name: _____

☐ Officer Name: _____ _____
Title

☐ New Telephone #: _____

☐ New Federal Id #: _____

☐ New Sales Tax #: _____

☐ New Business Description: _____

☐ New Location Address: _____

☐ New Mailing Address: _____

☐ Comments: _____

Change to:
☐ Home Occ: _____
☐ Hosp Fee: _____
☐ Class: _____
☐ SIC#: _____

_____ _____
Signature Title

_____ _____
Printed Name Date

☐Approved _____
☐Disapproved Zoning/Bldg Date
☐Approved _____
☐Disapproved Fire Dept Date
☐Approved _____
☐Disapproved GIS/Mapping Date

☐Approved_____
☐Disapproved Police Dept Date
☐Approved _____
☐Disapproved Health Dept. Date

Approval/Denial Notes: _____

POST OFFICE BOX 2468 / MYRTLE BEACH / SOUTH CAROLINA / 29578-2468