



BUSINESS LICENSE CLOSURE FORM

CITY OF MYRTLE BEACH, P O BOX 2468, MYRTLE BEACH, SC 29578

PHONE (843) 918-1200 FAX (843) 918-1137

FOR OFFICE USE ONLY:

Deleted in Bus. Lic Note in Bus Lic Date Deleted _____ Processed By _____
 Deleted in Hosp Note in Hosp

License Year _____ App On File In City Out Of City

Class _____ SIC _____ Sales Tax _____ FED EIN# _____

Hosp Fee Yes No Hosp # _____ Hosp Updated By _____ Date _____

Business License # _____

Business Name _____

Location _____

Corp Name _____

Owner/Rep _____ Title _____

Business Start Date _____

REASON FOR DELETION:

Closed Business On _____

Changed Ownership On _____ New BL# _____

New D/B/A _____

New Corp Name _____

New Owner/Rep _____ Title _____

No Longer Working In Myrtle Beach Since _____

Other _____

SIGNATURE OF OWNER / REPRESENTATIVE

DATE SIGNED