



**BUSINESS LICENSE CLOSURE FORM**  
CITY OF MYRTLE BEACH, P O BOX 2468, MYRTLE BEACH, SC 29578  
PHONE (843) 918-1200 FAX (843) 918-1210

**FOR OFFICE USE ONLY:**

Closed in Bus. Lic     Note in Bus Lic    Date Deleted \_\_\_\_\_    Processed By \_\_\_\_\_  
 Closed 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