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

Processed by: __________ Date __________

- Changed in system  - Changed in hosp  - Note in computer  - HELD Status  - * CHG Status

License year: ____________  Business License #: ____________  Class: _____  NAICS: _______  Hosp: _____
Business Name (D/B/A): ________________________________________________
Location Address: _____________________________________________________  Phone # _______________

PLEASE COMPLETE THE ITEM(S) MARKED THAT HAVE CHANGED

☐ * New D/B/A:

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

☐ Owner / Partner Name(s): ____________________________________________ Soc. Sec. No.

☐ Corporate Name: __________________________________________________

☐ Officer Name(s): ____________________________________________________ Title

☐ New Telephone #: ______________________________  Change to:
☐ * Home Occ: ______________

☐ New Federal Id #: _____________________________
☐ * Hosp Fee: ______________

☐ New Sales Tax #: _____________________________
☐ * Class: ______________

☐ * New Business Description:

☐ * New Location Address:

☐ New Mailing Address:

☐ Comments:

Signature ___________________________________________  Title

Printed Name ___________________________________________  Date

☐ Approved  ☐ Disapproved  GIS/Mapping  Date  Final Approval ______________________  Date

Approval/Denial Notes:

__________________________________________________________

(rev 12/2015)