**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 ________
- [ ] NAICS ________
- [ ] Sales Tax ________
- [ ] FED EIN# ________

- [ ] Hosp Fee
- [ ] Yes
- [ ] No
- [ ] Hosp # ________
- [ ] Hosp Updated By ________
- [ ] Date ________

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**Business License #**

**Business Name**

**Location**

**Corp Name**

**Owner/Rep**

**Business Start Date**

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**REASON FOR DELETION:**

- [ ] Closed Business On ________

- [ ] Changed Ownership On ________

- [ ] New D/B/A ________

- [ ] New Corp Name ________

- [ ] New Owner/Rep ________

- [ ] No Longer Working In Myrtle Beach Since ________

- [ ] Other ________

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**SIGNATURE OF OWNER / REPRESENTATIVE**

**DATE SIGNED**

(rev 12/2015)