



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: Sole Ownership Partnership Corporation LLC
To: Sole Ownership Partnership Corporation LLC

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

_____ Soc. Sec. No. _____

Corporate Name: _____

Officer Name(s): _____ Title _____

_____ Title _____

New Telephone #: _____ Change to: _____

New Federal Id #: _____ * Home Occ: _____

New Sales Tax #: _____ Hosp Fee: _____

* New Business Description: _____ * Class: _____

* New Location Address: _____ * NAICS#: _____

New Mailing Address: _____

Comments: _____

Signature

Title

Printed Name

Date

Approved _____ Date _____

Disapproved GIS/Mapping Date _____

Final Approval _____ Date _____

Approval/Denial Notes: _____