CITY AND COUNTY OF SUMTER
BUSINESS LICENSE DEPARTMENT
Mailing Address: P.O. Box 1449 Sumter, SC 29151
Physical Location: 12 W. Liberty St., Sumter, SC 29150
Phone: (803) 774-1601 **Fax:** (803) 774-1688
Email: businesslicense@sumtersc.gov

BUSINESS NAME CHANGE REQUEST FORM

To update the business name on your business license account, please complete this form. This request could take up to 1 to 3 business days. A confirmation email can be sent if you provide us with a valid email address below. Please include a copy of filings with SC Secretary of State if applicable. Example: Changing to LLC.

Business's Former Name _____
(***As it currently appears on your account***)

New Business Name _____

Business Address _____

Business Phone Number _____ Cell Phone Number _____

Federal Tax ID _____

Please provide reason for change:

_____

_____

_____

Owner Contact Information:

Name _____

Phone Number _____

Email Address _____

☐ Yes, I want a confirmation email.

☐ No, I do not want a confirmation email.

Emergency Contact Information:

Name _____

Phone Number _____

By submitting this form, you represent and warrant that: **(a)** You are authorized to represent the business listed above; **(b)** All of the information you have provided above is true and correct; and **(c)** You are instructing and authorizing the City of Sumter Business License Department to update your business name within its existing Business License account as set out above and for reason provide by you on this form.

_____	_____	_____
Your Name (Please Print)	**Your Signature**	**Date**