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

CLOSING FORM

Business Information:

1. Business Name: _____
2. Doing Business As (DBA) if applicable: _____
3. Federal ID # or SSN: _____
4. Owner Name: _____
5. Owner Phone Number: _____
6. Date Business started: _____ Date Business closed: _____
7. Business Location (street, city, state, zip code):

_____

_____

_____

Reason for Closing Account:

☐ Shut Down – Ceased business activities/operations.

☐ Moved – Relocated outside of the jurisdiction of the City/County of Sumter

☐ Address correction – Not located within the City/County of Sumter

☐ Other (Describe): _____

☐ Sold – *If there has been a change of ownership, please complete information below*:

Bill of Sale: ☐ None ☐ Yes (copy provided)

Sale Date: _____

New Owner Information (If applicable):

Name: _____ Phone Number: _____

Email address: _____

Mailing address (street, city, state, zip code):

_____

_____

_____

Printed Name: _____ Date: _____

Signature: _____ Title: _____