



**BEAUFORT COUNTY BUSINESS SERVICE CENTER**  
**P.O. DRAWER 1228** **PHONE: 843-255-2270**  
**BEAUFORT, SC 29901-1228** **FAX: 843-255-9411**

[www.bcgov.net](http://www.bcgov.net)

I \_\_\_\_\_, the  owner,  officer or  
 Name

authorized party\* for \_\_\_\_\_  
 Business Name

located at \_\_\_\_\_ request the  
 Address

cancellation of  all licenses OR  the license(s) listed below:

License Number	License Classification

The business has/was:

Closed.

**Please note, if your business:**

- 1) Has Federal ID # or FEIN, and
- 2) Files tax returns under that number, and
- 3) If the business is physically located and/or operating in the unincorporated boundaries of Beaufort County **the business is required to keep a current Beaufort County business license.**
- 4) If you are a legal business registered with South Carolina Secretary of State – Please provide copy of dissolution.

Relocated outside of Beaufort County and will not conduct any business within the County boundaries that requires a business license.

Restructured and requires new licensing.

Sold.

\_\_\_\_\_  
 Signed

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\*Please note: An individual acting as an authorized party must provide a letter of authorization on company letterhead or a notarized letter signed by an owner/officer to act on behalf of the company.

This request for cancellation is limited to licenses issued by Beaufort County.