



**DORCHESTER COUNTY**  
**BUSINESS SERVICES DEPARTMENT**  
**BUDGET & REVENUE DIVISION**

500 N. Main Street, Box 3,  
Summerville, SC 29483  
Phone (843) 832-0018

[businesslicense@dorchestercountysc.gov](mailto:businesslicense@dorchestercountysc.gov)

**BUSINESS CLOSURE FORM**

For business no longer located in *or* doing business in Dorchester County

Thank you for doing business in Dorchester County. We appreciate your contribution to the community. Please be sure to complete this form so we may update our records.

- **Any delinquent taxes and fees due at the time of closing still need to be paid.** Failure to pay will result in further enforcement efforts. Business license fees are based on Gross Receipts from the prior fiscal year.

**Business Information**

1. Business Name \_\_\_\_\_ Business License Number \_\_\_\_\_
2. Gross Receipts for Prior Year \_\_\_\_\_ Gross Receipts for Partial Year \_\_\_\_\_
3. Doing Business As (if applicable) \_\_\_\_\_
4. Federal ID# or SSN \_\_\_\_\_ Owner Name \_\_\_\_\_
5. Date Business Started \_\_\_\_\_ Date Business Closed \_\_\_\_\_
6. Business Location \_\_\_\_\_

**Type of Closing – Please select the most appropriate answer for your circumstances.**

- Shut Down - No longer doing business at all
- Sold - Sold the business to another owner, please complete the section below
- Moved - No longer physically located in Dorchester County
- Other (describe) \_\_\_\_\_

**If the business was sold, please complete the section below**

New Owner's Name \_\_\_\_\_

New Owner's Phone number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Sale date \_\_\_\_\_

**Notifying Person's Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Relationship to Business (owner, agent, etc.) \_\_\_\_\_

Email \_\_\_\_\_

Business Official's signature \_\_\_\_\_ Date \_\_\_\_\_