



**DORCHESTER COUNTY
PUBLIC SAFETY, HEALTH & HUMAN SERVICES
COMMITTEE**

Attn: Tracey Langley, Clerk to Council
500 N. Main Street, Summerville, SC 29483
Phone (843) 832-0196
TLangley@dorchestercountysc.gov

**Business License Appeal
Deferral Request Form**

This form shall be completed to request a deferral of an appeal that has been submitted.

Business Information

1. Business Name _____
2. Doing Business As (if different) _____

Person Completing Form

3. Name (printed) _____
4. Title _____
5. Name of Business (if different from above): _____
6. Phone Number: _____

I hereby request to have the appeal that has been made by or on behalf of the business named in the Business Information section of this form, above, deferred for the following reason(s):

I also assert that I am authorized by the above-referenced business to make this request and am not being asked or required by any representative of the County to request this deferral.

Signature of Person Completing Form

Date

RECEIVED BY:

Name of Dorchester County staff person

Date

Signature of Dorchester County staff person