



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

Attn: Tracey Langley, Clerk to Council  
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Phone (843) 832-0196  
[TLangley@dorchestercountysc.gov](mailto:TLangley@dorchestercountysc.gov)

**Business License Appeal  
Submission Form**

For businesses wishing to appeal a decision by Business License Administrator

**Business Information**

1. Business Name \_\_\_\_\_
2. Doing Business As (if different) \_\_\_\_\_
3. Type of business \_\_\_\_\_
4. Business License #, if applicable \_\_\_\_\_

**Reason for Requesting an Appeal**

- |   |  |
|---|--|
| <input type="checkbox"/> Denial of a business license application | <input type="checkbox"/> Intent to revoke a business license |
| <input type="checkbox"/> Suspension of a business license         | <input type="checkbox"/> Final Assessment                    |

**Applicant's Information**

1. Person Completing this Form \_\_\_\_\_
2. Relationship to Business \_\_\_\_\_
3. Work Phone \_\_\_\_\_ E-mail address: \_\_\_\_\_
4. Mailing Address \_\_\_\_\_
5. Name of person responsible for business license: \_\_\_\_\_
6. Is this person to whom all correspondence regarding the appeal should be sent?  Yes  No
  - If no, name of business' contact person for appeal \_\_\_\_\_
  - Relationship to Business \_\_\_\_\_
  - Work Phone \_\_\_\_\_ E-mail address: \_\_\_\_\_
  - Mailing Address \_\_\_\_\_

**Checklist for Submitting an Appeal**

- I have completed this form and signed and dated it.
- I am submitting this form within ten (10) calendar days of denial, suspension, or revocation of a business license.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_