



## BUSINESS LICENSE CLOSURE FORM

For businesses no longer located in *or* doing business in The Town of Bluffton

### Business Information

1. Company Name: \_\_\_\_\_
2. Doing Business As (if applicable): \_\_\_\_\_
3. Owner Name: \_\_\_\_\_
4. Business Address: \_\_\_\_\_
5. Date of Closure: \_\_\_\_\_

**Type of Closure** – please select the most appropriate answer for your circumstance

- Shut Down – no longer doing business at all
- Moved – no longer located within the Town of Bluffton
- Sold – sold the business to another owner; please complete the section below
- Other (Describe) \_\_\_\_\_

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

Name of New Owner: \_\_\_\_\_

New Owners Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Date of Sale: \_\_\_\_\_



*I do hereby certify the above information is true and correct. I am familiar with the penalty provisions of the ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application. I certify that all business personal property taxes due and payable to the town/county have been paid, and the above business name is the same as reported on documents filed with the state and federal governments. I understand my business tax returns and other documents may be inspected by the Town of Bluffton to verify business data.*

**Notifying Person's Information**

Name: \_\_\_\_\_

Relationship to Business: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Town of Bluffton Staff: \_\_\_\_\_ Date: \_\_\_\_\_