



TOWN OF HILTON HEAD ISLAND
REVENUE AND COLLECTIONS DIVISION
ONE TOWN CENTER COURT
HILTON HEAD ISLAND, SC 29928
PHONE (843) 341-4677 FAX (843) 341-4637

BUSINESS LICENSE CHANGE / CLOSURE FORM

BUSINESS NAME _____

ACCOUNT NUMBER: _____

BUSINESS LICENSES ARE NON-TRANSFERABLE: NEW OWNERS MUST ESTABLISH A NEW ACCOUNT

| TYPE OF CHANGE | CHANGE INFORMATION | | EFFECTIVE DATE |
|---|------------------------------------|-----------|-----------------------|
| BUSINESS NAME | | | |
| PHYSICAL LOCATION (NO P.O. BOX) | | | |
| SUITE (IF APPLICABLE) | | | |
| CITY/STATE/ZIP | | | |
| MAILING ADDRESS- STREET OR P.O. BOX | | | |
| CITY/STATE/ZIP | | | |
| BUSINESS PHONE/FAX | | | |
| EMAIL | | | |
| FEIN # OR LAST 4 DIGITS OF SSN #. | | | |
| BUILDING OWNER NAME | | | |
| OWNER ADDRESS | | | |
| OWNER PHONE # | | | |
| LANDLORD NAME | | | |
| LANDLORD ADDRESS | | | |
| CITY/STATE/ZIP | | | |
| LAND LORD PHONE # | | | |
| | YES | NO | OTHER/EXPLAIN: |
| IS THIS A HOME OCCUPATION? | | | |
| SPACE VACANT FOR 12 MONTHS OR MORE? | | | |
| WILL THERE BE CONSTRUCTION? | | | |
| NEW SIGN? | | | |
| CHANGING TYPE OF BUSINESS? | | | |
| CHANGE OF USE OCCUPANCY OR USE FOR THIS SPACE? | | | |
| REMOVED PROPERTY FROM RENTAL PROGRAM: If your are removing more than one property, please attach list. | | | Property address: |
| IS THIS BUSINESS/PROPERTY BEING SOLD? | | | |
| IS THIS BUSINESS BEING CLOSED? | | | |
| NEW OWNER NAME | | | |
| NEW OWNER ADDRESS | | | |
| NEW OWNER PHONE | | | |
| CHANGE TAX PAYMENT FREQUENCY TO MONTHLY | <input type="checkbox"/> Check Box | | |

If information provided is found to be false, you may be subject to penalties and municipal fines.

NAME OF AUTHORIZED SIGNER: _____

SIGNATURE: _____

DATE : _____