



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 #				
LAND LORD NAME				
LAND LORD ADDRESS				
CITY/STATE/ZIP				
LAND LORD PHONE #				
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px;">YES</td> <td style="width: 30px;">NO</td> </tr> </table>	YES	NO	OTHER/EXPLAIN:
YES	NO			
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?				
IS THIS BUSINESS BEING SOLD?				
NEW OWNER NAME				
NEW OWNER ADDRESS				
NEW OWNER PHONE				
CHANGE TAX PAYMENT FREQUENCY TO MONTHLY	<input type="checkbox"/> Check Box			

NAME OF AUTHORIZED SIGNER: _____

SIGNATURE: _____ **DATE :** _____