



Town of South Congaree  
 119 West Berry Road West Columbia, SC  
 29172  
 803-755-2760

**BUSINESS CHANGES/CLOSURE  
 FORM**

Form  
 CBA-2020-01

**For businesses no longer located in or doing business in the Town of South Congaree**

Thank you for doing business in South Congaree. We appreciate your contribution to the community. Please be sure to complete this form so we may update the town's records.

- **Be sure to also notify the State DOR Registration Dept. at 803-896-1350 of your closing.**
- **Any delinquent fees due at the time of closing still need to be paid.** Failure to pay will result in further enforcement efforts.

**Business Information**

1. Business Name \_\_\_\_\_
2. Doing Business As (if applicable) \_\_\_\_\_
3. Federal ID # or SSN \_\_\_\_\_ Owner Name: \_\_\_\_\_
4. Date Business Started \_\_\_\_\_ Date Business Closed \_\_\_\_\_
5. Business Location \_\_\_\_\_

**Type of Closing** – Please select the most appropriate answer for your circumstances.

- Shut Down – no longer doing business at all
- Sold – sold the business to another owner: please complete section below
- Moved – no longer physically located in South Congaree's incorporated areas
- Downsized – no longer doing business in South Congaree's incorporated areas
- Address Correction – not located in South Congaree's incorporated areas
- Other (Describe) \_\_\_\_\_

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

New Owner's Name \_\_\_\_\_  
 New Owner's Phone Number \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 Sale date \_\_\_\_\_

**BUSINESS LICENSE CAN NOT TRANSFER TO NEW OWNER. NEW OWNER MUST APPLY FOR NEW BUSINESS LICENSE AND MUST COMPLY WITH TOWN ORDINANCES BEFORE NEW BUSINESS LICENSE CAN BE ISSUED.**

**Cause of Closing** – Please select the most appropriate answer for your circumstances.

- Financial difficulties/bankruptcy
- Personal reasons
- Better business environment in new location
- Other (Describe) \_\_\_\_\_
- Not interested in keeping business open
- Annexation (month/year \_\_\_\_\_)

**Notifying Person's Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Relationship to Business (owner, agent, etc.) \_\_\_\_\_

Office Use Only

Signature of staff: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES: \_\_\_\_\_

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