



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

**BUSINESS CHANGES/CLOSURE
FORM**

**Form
CBA-2025-01**

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
- ☐ Not interested in keeping business open
- ☐ Personal reasons
- ☐ Annexation (month/year _____)
- ☐ Better business environment in new location
- ☐ Other (Describe) _____

Notifying Person's Information

Name _____ Date _____

Signature _____ Title _____

Relationship to Business (owner, agent, etc.) _____

Office Use Only

Signature of staff: _____ Date: _____

NOTES: _____
