

Council

Kevin Phillips
Mayor

Mary Beth Heyward
Mayor Pro Tempore

Jerry Ashmore
Jorge Guerrero
Darryl Owens



Van Willis
Town Manager

T. Alan Beach
Chief of Police

Jeffrey S. Coppinger
Operations

Noah Krepps
Planning

TOWN OF PORT ROYAL BUSINESS LICENSE CLOSURE FORM

Business Information

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

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 Port Royal

Address business moved to (within Beaufort County) _____

- ☐ Sold the business to another owner (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 Port Royal to verify business date.

Name: _____ Signature _____

Relationship to Business _____ Date _____

Town of Port Royal Staff Signature _____ Date _____