



BUSINESS CHANGE NOTIFICATION FORM

Current Business (DBA): _____

Name: _____

Business License #: _____

BUSINESS SOLD/NEW OWNER(S)

Business Sold: _____

New Owners: _____

Address: _____

Phone Number: _____

BUSINESS PERMANENTLY CLOSED

Date of Sale: _____

Date of Closure: _____

CHANGE OF BUSINESS LOCATION ONLY

Date of Change: _____

New Location Address: _____

OTHER BUSINESS CHANGES

Date of Change: _____

New Corporation - Name: _____

Phone # or E-mail Address: _____

New Contact Person: _____

Change in Mailing Address: _____

Change in Business Name Only - New Name: _____

The information below is required. Please sign and return

Signature: _____

Printed Name: _____ Title: _____

Address: _____

Date: _____ Phone: _____

**Dorchester County Business Services
Budget & Revenue Division
201 Johnston Street * St. George, SC 29477**