



TOWN OF SEABROOK ISLAND

2001 Seabrook Island Road • Seabrook Island, SC 29455
Phone: (843)768-9121 • Email: licensing@townofseabrookisland.org

REQUEST TO CANCEL BUSINESS LICENSE

Date: _____

I hereby request the cancellation of the following business license:

Business License #: _____

Business Name: _____

Business Address: _____

Effective Date of Cancellation: _____

I understand that by cancelling this business license, my business will no longer be licensed to conduct work within the Town of Seabrook Island. I further understand that if I wish to conduct work within the Town of Seabrook Island in the future, I must apply for and obtain a new town business license prior to engaging in any business activities.

Requested by:

Signature: _____

Printed Name: _____

Title: _____

OFFICE USE ONLY

Date Received: _____ Date Cancelled: _____ Processed By: _____