Renewal Form Instructions: Closed Business (Section 6)

Section 6: Closed Business Information

If the business has closed, complete the information below and return this form to our office.  
Note: All delinquent taxes must still be paid.

REASON FOR CLOSING:  
☐ Shut Down  ☐ Sold  ☐ Moved out of Richland County’s unincorporated areas

Date Closed: __________________________

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

New Owner’s Name: __________________________

New Owner’s Phone Number: _________________  Sale Date: __________________________

Email: __________________________

Mailing Address: __________________________

• This section is for businesses no longer located in or doing business in the non-city areas of Richland County.

• Any delinquent taxes and fees due at the time of closing still need to be paid. Failure to pay any delinquencies will result in further enforcement efforts.

• Be sure to notify the State DOR Registration Dept. at 803-896-1350 if your business has ceased operations to avoid receiving further assessments and tax bills.

• A final Business Personal Property Tax bill will be sent to you next year, as these taxes are paid in arrears. This bill is required to be paid.

See next page for the Business License Closing Form
Closing Form

- This form is for businesses no longer located in or doing business in the non-city-limit areas of Richland County.
- **Any delinquent taxes and fees due at the time of closing still need to be paid.** Failure to pay any delinquencies will result in further enforcement efforts.
- Be sure to notify the State DOR Registration Dept. at 803-896-1350 if your business has ceased operations to avoid receiving further assessments and tax bills.
- A final Business Personal Property Tax bill will be sent to you next year, as these taxes are paid in arrears. This bill is required to be paid.

**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: ______________________________

**Reason for Closing Account(s)**

- Shut Down - no longer doing business at all
- Sold - sold the business to another owner: please complete section on Page 2
- Moved - no longer physically located in Richland County’s unincorporated areas
- Downsized - no longer doing business in Richland County’s unincorporated areas
- Address Correction - not located in Richland County’s unincorporated areas
- Annexation - by City of ___________________________ on (date) ____________________
- Other (describe) ________________________________________________________

**County Accounts to be Closed**

- Please indicate which account numbers your business had.

<table>
<thead>
<tr>
<th>County Accounts</th>
<th>Applicable Account Numbers</th>
<th>Verified as Paid in Full</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business License</td>
<td></td>
<td>☐ Paid in Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Balance Owed</td>
</tr>
<tr>
<td>Hospitality Taxes</td>
<td></td>
<td>☐ Paid in Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Balance Owed</td>
</tr>
<tr>
<td>County Accounts</td>
<td>Applicable Account Numbers</td>
<td>Verified as Paid in Full</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Local Accommodations Tax</td>
<td></td>
<td>☑ Paid in Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Balance Owed</td>
</tr>
<tr>
<td>Business Personal Property Taxes</td>
<td></td>
<td>☑ Paid in Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Balance Owed</td>
</tr>
<tr>
<td>Hazardous Materials Permit</td>
<td></td>
<td>☑ Paid in Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Balance Owed</td>
</tr>
<tr>
<td>Landfill Permit</td>
<td></td>
<td>☑ Paid in Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Balance Owed</td>
</tr>
</tbody>
</table>

Description of any Balance Owed: _______________________________________________________

**Account(s) will not be closed until all delinquencies are paid in full.**

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

New Owner’s Name: _______________________________________________________________

New Owner’s Phone Number: _______________________________________________________

Mailing Address: _______________________________________________________________

Sale Date: ___________________________________________________________________

**Notifying Person’s Information:**

Printed Name: ____________________________ Title: ________________________________

Signature: ____________________________ Date: ________________________________

Relationship to Business (owner, agent, etc.): _______________________________________

Revised: 1/5/2023

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