



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.

County Accounts	Applicable Account Numbers	Verified as Paid in Full
Business License		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Balance Owed
Hospitality Taxes		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Balance Owed

County Accounts	Applicable Account Numbers	Verified as Paid in Full
Local Accommodations Tax		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Balance Owed
Business Personal Property Taxes		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Balance Owed
Hazardous Materials Permit		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Balance Owed
Landfill Permit		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Balance Owed

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.): _____