



# *City of Charleston*

William S. Cogswell, Jr.  
Mayor

*South Carolina*

Joshua D. Richards  
Director

*Division of Revenue Collections*

## **Cancellation of Business License**

Date: \_\_\_\_\_

I, \_\_\_\_\_ would like to cancel

business license # \_\_\_\_\_, for \_\_\_\_\_,

located at \_\_\_\_\_ as of \_\_\_\_\_ (closing date).

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Print Name

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Signature

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Title