



# 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

**RICHLAND COUNTY GOVERNMENT  
COMMUNITY PLANNING & DEVELOPMENT  
BUSINESS SERVICE CENTER**

2020 Hampton Street, Suite 1050, P.O. Box 192, Columbia SC 29202  
T 803-576-2287 | F 803-576-2289 | TDD 803-576-2045  
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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 \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing address \_\_\_\_\_

Sale date \_\_\_\_\_ Bill of Sale:  None  Yes (copy provided)

**Notifying Person's Information**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Relationship to Business (owner, agent, etc.) \_\_\_\_\_

