



Joseph P. Riley, Jr.
Mayer

City of Charleston
South Carolina
Revenue Collections Division

Alan D. Horner, Jr.
Director

Cancellation of Business License

Date _____



I, _____ would like to cancel
business license # _____, for _____,
located at _____ as of
_____.

(Business Closing Date).

Thank You,

(Please Print Name)

(Signature)

(Title)