



**Town of Sullivan's Island  
2056 Middle Street  
P.O. Box 427  
Sullivan's Island, SC 29482  
843-883-5727**

## **Cancellation of Business License**

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

I, \_\_\_\_\_ would like to cancel business  
(Business representative)

license number \_\_\_\_\_, for \_\_\_\_\_  
(SI BL number) (Company Name)

located at \_\_\_\_\_.  
(Business physical address)

This company/person will no longer be engaging or intending to engage in business within Sullivan's Island.

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(Print name)

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(Signature)