



**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.

(Print name) (Signature)