City of Barnwell
PO Box 776
Barnwell, SC 29812

BUSINESS LICENSE
CHANGE REQUEST FORM
Name/Address/Ownership

Existing Business Name_____

New Business Name_____

Existing Mailing Address_____

New Mailing Address_____

Previous Physical Location_____

New Physical Location_____

Type of Business_____

If taking over an existing business:

Previous Owners_____

New Owners_____

Please make any other requested changes below:

The above changes are requested for the above named Business License Account with the City of Barnwell. I certify I am authorized to request these changes.

_____
Owner/Authorized Agent Signature Title Date

_____
Contact Telephone Number

(For Office Use Only)

Check if applicable:

___New License Issued License Number_____ Date_____

___Fire Inspection Approved by_____ Date_____