



# Business Termination Notification

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Updated **SEPT 2023**

## NOTICE TO APPLICANT

Completed termination applications should be mailed to the City of Pooler, Attn: Finance Dept/Occupational Tax office, 100 SW Highway 80, Pooler, GA 31322 or emailed to [finance@pooler-ga.gov](mailto:finance@pooler-ga.gov).

### Business Information

Business Name \_\_\_\_\_ Termination Effective Date \_\_\_\_\_

Business Physical Address \_\_\_\_\_

Business Contact Name \_\_\_\_\_ Business Contact Title \_\_\_\_\_

Business Contact Email \_\_\_\_\_ Business Contact Phone \_\_\_\_\_

FEIN \_\_\_\_\_ License Number \_\_\_\_\_

Type(s) of License(s) (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Business License           | <input type="checkbox"/> Door-to-Door Sales Permit | <input type="checkbox"/> Home Based Business |
| <input type="checkbox"/> Alcoholic Beverage License | <input type="checkbox"/> Special Event Permit      | <input type="checkbox"/> Live Entertainment  |

Reason(s) for Termination (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Moved to Another Jurisdiction      | <input type="checkbox"/> Merged/Restructuring Requiring New License | <input type="checkbox"/> Out of Business |
| <input type="checkbox"/> Sold/Being Operated by a New Owner | <input type="checkbox"/> Other (explain) _____                      |  |

### Affidavit

In accordance with the Chapter 26 of the Code of Ordinances of the City of Pooler, Georgia, I the undersigned certify that I am the person duly authorized to make this application for the termination of this occupational tax certificate, alcohol license or other permit in the City of Pooler. By signature below, I affirm that the information provided is true, correct and complete.

Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_