



BUSINESS TERMINATION NOTIFICATION

Business Name: _____

Physical Address: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Type(s) of License(s) (select all that apply):

- Business License
- Alcohol Beverage License
- Home Based Business
- Live Entertainment
- Door to Door Sales Permit
- Special Event Permits

FEIN#: _____

License # _____

Reason(s) for Termination:

- Moved to another Jurisdiction
- Sold or being operated by a new owner
- Merged/restructuring and will require new licensing
- Out of Business
- Other (please explain) _____

Termination Effective Date: _____

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.

Signature: _____ Date: _____

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