City of Fountain Inn
Out of Business Notification

Business License#__________________________________________
Legal Name________________________________________________
Address____________________________________________________________________
City____________________State____Zip____________________

1. If permanently closed, enter the closed date.
____________________________________________________________________

2. If a seasonal business has temporarily closed, fill in the square(s) for months business is open:

JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐

Mail to: City of Fountain Inn, 200 North Main Street, Fountain Inn, SC 29644