



**CITY OF PORT WENTWORTH  
OCCUPATIONAL TAX OFFICE  
OCCUPATIONAL TAX (BUSINESS LICENSE)  
CANCELLATION REQUEST FORM**

I, \_\_\_\_\_ as \_\_\_\_\_  
*Name of Person Requesting Cancellation* *Position/Title (i.e., CEO, President, Owner)*

of \_\_\_\_\_ located at \_\_\_\_\_  
*Name of Business* *Physical Address of Business*

\_\_\_\_\_  
*Contact Phone* *Email Address*

request the City of Port Wentworth to cancel the indicated Occupational Tax License checked below:

Business License  Alcoholic Beverage License  Home Occupation  Other \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*FEIN or Social Security Number* *Occupational Tax ID Number* *NAICS Code*

**For the following reason:**

- Business is no longer operating in the City of Port Wentworth.
- Business has sold/is operated by a new owner.
- Business has restructured and requires new licensing.
- Other (please explain) \_\_\_\_\_.

*I declare under penalties of perjury that this request for cancellation is true and correct to the best of my knowledge. I certify that I will no longer operate a business under the license issued by the City of Port Wentworth. I further understand that any false statements made above are grounds for criminal prosecution under Georgia Official Code § 16-10-20.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Completed cancellation requests should be mailed to City of Port Wentworth, Attn: Occupational Tax Office, 305 South Coastal Highway, Port Wentworth, Georgia 31407 or emailed to [sdavis@cityofportwentworth.com](mailto:sdavis@cityofportwentworth.com).**

**THIS REQUEST FOR CANCELLATION IS LIMITED TO LICENSES ISSUED BY THE CITY OF PORT WENTWORTH.**