



**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 Certificate checked below:

☐ Business License ☐ Alcohol 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, 7224 GA Highway 21, Port Wentworth, Georgia 31407
or emailed to business@cityofportwentworth.com**