



NOTIFICATION OF DECEASED LICENSEE

MAIL TO: SC Department of Revenue, ABL Section, Columbia, SC 29214-0907.
Telephone: (803) 898-5864

File with this form: a copy of the death certificate and a copy of your appointment by the probate court.

The below is to be completed by the Administrator, Executor, Executrix, or Personal Representative:

Name _____ Date of Birth _____

Social Security Number _____ Telephone Number _____

Home Address _____

City _____ County _____ Zip Code _____

Licensee and/or permittee information:

Name of deceased licensee and/or permittee (please list name as it appears on current license/permit) _____

Name of business (as it appears on current license/permit) _____

Business address (as it appears on current license/permit) _____

City _____ County _____ Zip Code _____

Current license and/or permit number(s) _____

If more than one license and/or permit is affected, please indicate below and file additional copies of this form for each license/permit. You may make copies of this form to submit for other licenses/permits held.

Additional licenses/permits **Yes** **No**

Sworn to and subscribed before me

this _____ day of _____ year of _____

Notary Public for South Carolina

Signature of Administrator, Executor, Executrix,
or Personal Representative

My Commission Expires

NOTE: This license change is valid until deceased's estate is probated. Individual must file new application at that time.