

Standardized Business License Application



City or County:

Business Information

Corporate name:	
Name shown to public:	Open date:
Organization type: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Corporation	
<i>Articles of Organization or Incorporation may be required.</i>	
Business activity/type:	NAICS/SIC/Other code:
Federal ID/SSN #:	State retail sales #:
Mailing address:	
Physical address:	
<input type="checkbox"/> Inside jurisdiction, Tax parcel#: _____ <input type="checkbox"/> Outside jurisdiction	
Contact name, title:	
Contact phone: _____ Ext. _____	Alternate phone: _____
Fax: _____	Email: _____

Owner or Principal(s) Information

Owner or Principal(s) name(s), title(s): _____	SSN #: _____	
	SSN #: _____	
Driver's license #: _____	State: _____	Expiration date: _____
Mailing address: _____		
Work phone: _____ Ext. _____	Cell phone: _____	
Fax: _____	Email: _____	

Job/Project Information

Project start date: _____	Estimated end date: _____	
Project location: _____	Tax parcel #: _____	
Project type: <input type="checkbox"/> New construction <input type="checkbox"/> Renovation <input type="checkbox"/> Other _____		
General contractor name: _____		
State contractor license #: _____	State: _____	Expiration date: _____
<i>Copy may be required</i>		
Master/specialty license #: _____		
Job contact name: _____	Phone: _____	
Total gross revenues or contract amount: \$ _____		
Gross revenues, inside jurisdiction: \$ _____	Gross Revenues, outside jurisdiction: \$ _____	
Value of authorized deductions: \$ _____	Deduction type(s): _____	

Contact your city or county business licensing office with questions regarding this form.

*Application produced by the South Carolina Business Licensing Officials Association.
The SC Business Licensing Officials Association is an affiliate of the Municipal Association of SC*

Other Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Buying an existing construction business? <i>If yes, purchased business' name:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business leasing space to another business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mail business license renewals to mailing address listed in the business information section on the previous page? <i>If not, corporate address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of use to building?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Erecting a new sign?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Existing business with no prior license?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home occupation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent contractors (Form 1099)? <i>If yes, names:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing property? <i>If yes, landlord name and address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictive covenants? If yes, provide copy.

Applicant Certification *(Contact the municipality in which you are doing business to determine if a notarized signature is required.)*

1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
2. I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction's requirements.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

Applicant printed name:

Signature:

Title:

Date:

For Office Use Only

Approved by all necessary departments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Business license #	Rate class:	
Rate Base rate: \$	Every \$1,000 after: \$	
Amount due Fee: \$	Penalties: \$	Total: \$
Decal required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost/each: \$	Total: \$
Receipt Amount paid: \$	Date paid:	Number of decals:
Staff name:	Signature:	Date:

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