



**COUNTY COUNCIL OF BEAUFORT COUNTY  
 BUSINESS LICENSE DEPARTMENT  
 P.O. DRAWER 1228  
 BEAUFORT, SC 29901-1228  
 PHONE: 843-255-2270 FAX: 843-255-9411**

[www.bcgov.net](http://www.bcgov.net)

**BL#** \_\_\_\_\_ **YEAR** \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

DBA - Doing Business As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact if different than owner: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Other Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

I. Date Business Started in county: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location:  IN COUNTY  OUT OF COUNTY  OUT OF STATE

OWNERSHIP TYPE :  SOLE PROPRIETOR  CORPORATION  PARTNERSHIP  LIMITED LIABILITY COMPANY

Describe business activities in detail: \_\_\_\_\_

Purchase Existing Business: YES \_\_\_ NO \_\_\_ Date of Purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_ Previous Business Name: \_\_\_\_\_

FEIN # \_\_\_\_\_ Social Security # \_\_\_\_\_ SC Retail # \_\_\_\_\_

SC (LLR) LICENSE #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ TYPE OF LICENSE: \_\_\_\_\_

(i.e. Contractor, Electrical, Medical, Massage, etc.)

DRIVER LICENSE # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ EXPIRE DATE \_\_\_\_\_

Coin Operated Amusement Devices: YES \_\_\_ NO \_\_\_ Alcohol Beverages: YES \_\_\_ NO \_\_\_ Prepared Foods: YES \_\_\_ NO \_\_\_ Paid entry or admission: YES \_\_\_ NO \_\_\_

**II. IF BUSINESS IS OWNED BY A CORPORATION, ASSOC, OR OTHER ENTITY, PLEASE LIST NAME AND TITLE OF OFFICERS BELOW**

OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_

OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_

Is this business an affiliate of a holding or parent company? Y \_\_\_ N \_\_\_ If YES, name of parent company \_\_\_\_\_

**IF BUSINESS IS PHYSICALLY LOCATED WITHIN UNINCORPORATED BOUNDARIES COMPLETE THE FOLLOWING**

HOME OCCUPATION? Yes \_\_\_ No \_\_\_ ANY COVENANTS AND RESTRICTIONS THAT DO NOT ALLOW A HOME BASED BUSINESS? Yes \_\_\_ No \_\_\_

**COMPLETE IF YOU LEASE A COMMERCIAL LOCATION ONLY:**

Is this a change in the type of business for this building space? Yes \_\_\_ No \_\_\_ Will there be any changes to the building? Yes \_\_\_ No \_\_\_

Will you want to erect a new sign? Yes \_\_\_ No \_\_\_

I certify under oath that the information given in this license application is true, that the gross income is accurately reported, or estimated for a new business, without any unauthorized deductions, and that all assessments, fees, licenses, business property taxes, and any other charges due and payable to the County have been paid. I have obtained County permits and am in compliance with all regulatory codes of Beaufort County. I understand the County ordinance provides for penalty and license revocation for making false or fraudulent statements on this application.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADMINISTRATIVE USE ONLY**

DATED ACCEPTED: _____	BY: _____	BILL # _____	ZONING _____	VERIFIED: DRIVERS _____
CLASS/RATE _____		BUSINESS PERSONAL PROPERTY _____		HazMat Program _____
LICENSE _____				

# BEAUFORT COUNTY CODE CLEARANCE

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## APPLICATION APPROVALS VERIFIED BY STAFF

1. Zoning Certificate (separate \$25.00 check collected with business license application)
2. Fire Inspection – Commercial Locations Only:
3. Verification of Driver License
4. Verification of email address, phone number

ITEMS 1 - 4  
VERIFIED AND COMPLETED BY STAFF

## ADDITIONAL ITEMS THAT MAY BE APPLICIPABLE:

5. Copy of Articles - business registration with the SC Secretary of State; CORP, LLC, LLP  Attach copy\_\_\_\_\_
6. Retail business: Copy of your Retail License  Attach copy\_\_\_\_\_
7. Professional License/Contractors/Specialty License (when applicable)  Attach copy\_\_\_\_\_
8. Commercial Locations ONLY: Copy of lease agreement  Attach copy\_\_\_\_\_
9. Food operations: Copy of DHEC approval  Attach copy\_\_\_\_\_
10. Change of Use, Requires review by Building Codes Dept. Contact Building Codes Department contact at 843-255-2065
11. County Electrician’s License - Contact Building Codes Department at 843-255-2065
12. If you have, or will have, **hazardous materials** on site at your business and have never registered them, please contact the **HazMat Program at 843-255-4000** for more information.



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**PHONE: 843-255-2270 FAX: 843-255-9411**  
[www.bcgov.net](http://www.bcgov.net)

Year \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

Business Lic# \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**1. Check one box below and fill in appropriate blanks. An incomplete application will delay the issuance of your business license.**

- RENEWAL due by May 31st       BUSINESS CLOSED - Date \_\_\_\_\_ Gross receipts for prior year \$ \_\_\_\_\_
- NEW APPLICATION – Estimated gross receipts through December 31st of current year: \$ \_\_\_\_\_
- 2<sup>ND</sup> YEAR ESTIMATE IF NOT IN BUSINESS FOR A FULL 12 MONTHS, ANNUALIZE GROSS BASED ON PRIOR PERIOD: \$ \_\_\_\_\_
- CHANGE OF PHYSICAL LOCATION AND/OR MAILING ADDRESS: COMPLETE A CHANGE OF ADDRESS FORM

**2. Calculate your tax: Use your gross as reported on your Federal Income Tax Return:**

**(STAFF USE)**

a. Gross Receipts (Attach PROOF OF REVENUE) (If not in business for a full 12 months, annualize PROJECTED REVENUE)		
b. Exempt Income (To receive deductions attach copies of other license applications paid)		
c. Total gross subject to Beaufort County Business License Tax		
d. Business License Tax (minimum rate for first \$5,000 in revenue)		
e. Additional gross divided by 1,000 x (incremental rate)		
f. Vehicles for Hire (if applicable) Taxi / Limousine / Private car service/ van  Number of vehicles _____ x rate per unit <b>\$25.00</b>		
g. Calculated license Tax (add lines d thru line f)		
h. Penalty Due (5% per month for each month late after May 31st)		
i. Prior year credit or balance due:		
j. Total License Tax Due (add lines g – i, if applicable)		

**PLEASE MAKE CHECK PAYABLE TO BEAUFORT COUNTY TREASURER**

I (we) do hereby make application in accordance with the Ordinance of Beaufort County to conduct the above named business in the County for license year stated and certify that the above information and amount returned as gross income from my business is true and correct, and that I have made no deductions except income on which I have paid a business license tax to another county or municipality, for which I have proof of payment. I am familiar with the penalty provisions of the ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application. I certify that all assessments and business personal property taxes due and payable to Beaufort County have been paid, and that the above business name is the same as reported on documents filed with the state and federal governments. I understand that my business income tax returns and other documents are required to verify gross income or other business data.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

DATED RECEIVED or POSTMARK:

BY:

BUSINESS PERSONAL TAX PAID:

NEW ZONING:

Gross:	Deductions:
(Cr) / Bal Due:	BILL #

BEAUFORT COUNTY AUDITOR'S OFFICE  
100 RIBAUT RD / P.O. BOX 458  
BEAUFORT, SC 29901-0458  
PHONE: 843-255-2500  
FAX: 843-255-9409  
ROOM 160 COUNTY ADMINISTRATION BUILDING

**COUNTY AFFIDAVIT FOR BUSINESS PERSONAL PROPERTY TAX  
MERCHANT OR SERVICE-FURNITURE, FIXTURES & EQUIPMENT**

**NO** CITY OR COUNTY BUSINESS LICENSE (NEW OR RENEWAL) CAN BE ISSUED WITH OUT PROOF OF PAID  
BUSINESS PERSONAL PROPERTY TAX OR THIS AFFIDAVIT SIGNED BY THE COUNTY AUDITOR

**S.C. LAW FOUND IN TITLE 12-37-970**

**Please print the below information**

**DATE BUSINESS STARTED:** \_\_\_\_\_

**CORPORATE NAME:** \_\_\_\_\_

“as listed on business license”

**BUSINESS NAME OR D/B/A:** \_\_\_\_\_

**BUSINESS OWNER NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**PHYSICAL LOCATION  
OF BUSINESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**TYPE BUSINESS OR  
SERVICE PROVIDED:** \_\_\_\_\_

**SERVICE ORIENTED BUSINESS** ( ) or  
**RETAIL (sales tax) BUSINESS** ( )

**Social Security Number or Federal employer Tax ID Number (FEIN)** \_\_\_\_\_

**BUSINESS LIC#** \_\_\_\_\_

*Is this Business License because you are renting a second home? YES ( ) OR NO ( )*

**FOR COUNTY USE ONLY**

- ( ) **EXEMPT**  
( ) **PAID (SEE ATTACHED PAID TAX RECIEPT)**  
( ) **APPLIED**      **DATE FIRST (1<sup>ST</sup>) TAX BILL DUE:** \_\_\_\_\_

**COUNTY SIGNATURE:** \_\_\_\_\_

**IMPORTANT: ALL APPLICABLE BLANKS MUST BE COMPLETED TO PROCESS**