



**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

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 #: _____ Cell _____ 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 _____

HOMEBASED BUSINESSES PHYSICALLY LOCATED WITHIN THE UNINCORPORATED BOUNDARIES; COMPLETE THE FOLLOWING TWO QUESTIONS:

* HOME OCCUPATION? Yes ___ No ___ * DO YOU HAVE COVENANTS AND RESTRICTIONS THAT DO NOT ALLOW A HOME BASED BUSINESS? Yes ___ No ___

COMPLETE ONLY IF YOU LEASE A COMMERCIAL LOCATION WITHIN UNINCORPORATED BEAUFORT COUNTY:

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 LICENSE _____
CLASS/RATE _____	BUSINESS PERSONAL PROPERTY _____	HazMat Program _____	
SET-UP ADDITIONAL ACCOUNTS: LOCAL ATAX _____	<input type="checkbox"/> HTAX _____	<input type="checkbox"/> ADMISSION _____	

BEAUFORT COUNTY CODE CLEARANCE

APPROVALS NEEDED FOR A BUSINESS LICENSE

Return this form to the Business License Department with copies of applicable items and \$25.00 check

1. Copy of Articles - business registration with the SC Secretary of State; CORP, LLC, LLP Attach copy
2. Retail business: Copy of your Retail License Attach copy
3. Professional License/Contractors/Specialty License (when applicable) Attach copy
4. Commercial Locations ONLY: Copy of lease agreement Attach copy
5. Food operations: Copy of DHEC approval Attach copy
6. Verification of Driver License – provide copy of driver’s license Attach copy
7. Review of commercial location by Building Codes Commercial Reviewer
8. County Electrician's License - Contact Building Codes Department at 843-255-2065
9. If you have, or will have, hazardous materials on site at your business you are required to register them with Clemson Extension, and Beaufort County HazMat Program, please contact the HazMat Program at 843-255-4000 for more information.
10. **Zoning Certificate – ONLY IF PHYSICALLY LOCATED WITHIN UNINCORPORATED BOUNDARIES:**
 - The zoning certificate will be obtain by the Business License staff, please submit a separate \$25.00 check with your license application.
 - Zoning certificates received without going through the License Department will not be accepted or could be subject to penalties for operating without a business license.
11. Fire Inspection – Commercial Locations Only: (Business License staff will submit to appropriate Fire Marshall)

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 (1ST) TAX BILL DUE:** _____

COUNTY SIGNATURE: _____

IMPORTANT: ALL APPLICABLE BLANKS MUST BE COMPLETED TO PROCESS