



**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)

Year \_\_\_\_\_

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

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

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

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

EMAIL ADDRESS \_\_\_\_\_ CELL 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 ONLY)**

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

**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

GR Verified: _____ Date Received or Postmark: _____	Bill # _____
Deductions Verified: _____ Staff: _____	CK# _____ CC _____ CA _____
BUSINESS PERSONAL TAX PAID: _____ NEW ZONING REQ: Y ___ N ___	
Credit: _____	Balance due: _____