CLEARANCE FORM

This form is required for all businesses physically located within the unincorporated

- This form documents that a business has received all necessary approvals and met all necessary requirements to operate each type of business activity. Approvals needed depend upon business location, type, and use.
- **It is a business’ responsibility to obtain all necessary approvals – a local contact is required.**
  Complete one form for each business activity.
- A **$25.00** Zoning fee is required when returning each Clearance Form (with any other applicable payments).
- Return the original, completed form to the Business Service Center. Faxes AND emails are **not** accepted.
- All approvals must be obtained and requirements met before a business license will be issued.

**STEP 1** – Complete all information below (including Page 1 and top of Page 2).

<table>
<thead>
<tr>
<th>Select Reason(s) for Completing Form:</th>
<th>Select Structure Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ New business or ☐ Existing business</td>
<td>☐ Residence (Home-based business)</td>
</tr>
<tr>
<td>☐ Change in physical location/address</td>
<td>☐ New Commercial**</td>
</tr>
<tr>
<td>☐ Change in or Addition of Business Activity/Use</td>
<td>☐ Existing Commercial(Same Use)</td>
</tr>
<tr>
<td>☐ Internal staff review to verify compliance</td>
<td>☐ Change of Use/Occupancy**</td>
</tr>
</tbody>
</table>

Will you have any renovations to the commercial building space. Please make selection and initial.

- ☐ YES _____  ☐ NO ______

**SEE BUILDING CODES:** If in a new commercial structure, a copy of the CO or Building Codes Department Approval is needed to continue the business license application process. Please be advised this applies to Change of Use and Upfits (A copy may be obtained from Building Inspections Department.)

**Business Information** *(All fields are required.)*

1) Business (Corporate) Name: _________________________________

2) Doing Business As (as seen by public): _________________________________

3) Business Location (suite, street, CITY, ZIP): _________________________________

4) Mailing Address: _________________________________

**Certification of Business Activity** *Failure to initial will result in a denied application.*

By initialing below, you attest (1) to the accuracy of your responses, (2) that you understand the terms and definitions used, (3) that you have asked all of your questions of the appropriate staff, and (4) that you agree to fully comply with the requirements indicated on this form. NAICS code assigned by staff.

7) **Single Business Activity:** _________________________________ **Single NAICS Code:** __________________

See [http://www.census.gov/naics/](http://www.census.gov/naics/). I understand and agree to comply with the requirement that **no other business activity is permitted** unless approved in advance with a Clearance Form. **INITIAL:** ______

8) Are **any other** business activities occurring at or planned for this location?  ☐ Yes*  ☐ No

* If yes, another Clearance Form must be completed for each activity occurring or being planned.
9) **Local Contact Person**

Printed Name: ___________________________  Title: ___________________________
Work #: ___________________________  Cell #: ___________________________  Home #: ___________________________
E-mail: ___________________________

**Person Completing Form**

Printed Name: ___________________________  Signature: ___________________________
Title: ___________________________  Date: ___________________________
Work #: ___________________________  Cell #: ___________________________  Home #: ___________________________
E-mail: ___________________________

**STEP 2**

Bring this form to the Business Service Center; staff will indicate which requirements apply. Initial your acknowledgment of these requirements. Complete these forms or requirements only AFTER obtaining Zoning approval and Zoning Permit. Unique business activities may have other requirements not shown here.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Applies</th>
<th>N/A</th>
<th>Customer Initials</th>
<th>Returned to BSC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>County Forms provided to YOU</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Application for New Business License</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>2. Change of Address Form</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>3. Hazardous Materials Certification Form</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>4. Hospitality Tax Enrollment</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>5. Local Accommodations Tax (New BL App)</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>6. Peddler’s License Application</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>7. Precious Metals Permit Application</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>8. Copy of Certificate of Occupancy (CO)</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>9. Completed E-911 form commercial locations</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td><strong>Other documentation required FROM YOU</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. SC DHEC: licenses</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>11. SC DOR: Alcohol/Liquor License</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>12. SC DOR: Retail License</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>13. SC DOR: Wholesale License</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>14. SC LLR: Occupational Licenses</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>15. SC SOS: Business Articles and listing of officers</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>16. IRS: 501(c) documentation</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>17. Commercial locations – Lease agreement</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>18. Copy of Driver License</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
</tbody>
</table>

Printed Name of BSC employee: ___________________________  Date: ___________
STEP 3
Bring this form to the departments indicated below in the order that they appear for approval.
☐ Zoning Division 843-255-2170 1st floor, County bldg. room 115
  Employee name: ___________________________ Date: ____________
Existing commercial: the location’s prior use is: ☐ Changed ☐ Same as proposed
  ☐ Different: __________________________________________
  ☐ Approved ☐ Disapproved
  If disapproved, the reason(s) is indicated below:
  Comments: ___________________________________________

☐ Building Inspections – commercial locations 843-255-2065 2nd floor, County bldg. room 225
  Employee name: ___________________________ Date: ____________
  County Electrical License: N/A ☐ Yes ☐ # ________ No ☐
  Commercial location: ☐ Approved ☐ Disapproved
  If disapproved, the reason(s) is indicated below:
  Comments: ___________________________________________

☐ Fire Marshal - Commercial locations - You must contact and meet the Fire Marshal for onsite inspection
  Please see attached Fire Department listing for contact information
  Fire Marshall name: ___________________________ Date: ____________
  ☐ Approved ☐ Disapproved
  If disapproved, the reason(s) is indicated below, or ☐ see the Fire Marshal’s report.
  Comments: __________________________________________

☐ Sheriff’s Department
  Headquarters, 2001 Duke Street
  Name of employee receiving form: ___________________________ Date: __________
  Comments below provided by: Employee Name ___________________________ Date: __________
  Comments: ___________________________________________

☐ Beaufort County HazMat Program 843-255-4000 Headquarters, 2001 Duke Street
  Name of employee receiving form: ___________________________ Date: __________
  Comments below provided by: Employee Name ___________________________ Date: __________
  Comments: ___________________________________________
DHEC: Environmental Health  843-525-7637  1407 King Street  
Documentation showing DHEC approval must be submitted with your license application.

DHEC: Health Licensing  843-525-7637  1407 King Street  
Documentation showing DHEC approval must be submitted with your license application.

DSS: License/Registration  843-255-6080  1905 Duke Street  
Businesses caring for children may be required to be licensed or registered with DSS.  
(See State Code Section 63-13-10 et. seq. for more information.)

STEP 4

Return the original, completed Clearance Form with all necessary forms and documentation indicated in Step 2 to the Business Service Center.  Be prepared to pay the Zoning Review Fee plus the business license tax(s): call 843-255-2270 to obtain the total amount due for the business in advance of your visit.  (Cash, check, or credit card accepted.)

Business Service Center  843-255-2270  2nd floor, County bldg., Suite 225  
Name of employee receiving form: ____________________________ Date: __________

☐ All required information has been completed.  (Step 1)
☐ All required documents have been checked as received.  (Step 2)
☐ All spaces for initials have been signed.  (Steps 1 and 2)
☐ All necessary approvals have been received and signed without conditions.  (Step 3)
☐ Any other business activities also have approved Clearance Forms.  (Question 7)
☐ Any DHEC required documentation has been received.
☐ The Zoning Review Fee has been paid.  (No refunds.)

☐ Approved – Printed Name ____________________________ Date: __________
☐ Disapproved – Printed Name ____________________________ Date: __________

If disapproved, the reason(s) is indicated below:
Comments: ____________________________________________________________________
_____________________________________________________________________________

Please contact ____________________________ at ________________ for more information.
BEAUFORT COUNTY BUSINESS SERVICE CENTER  
P.O. DRAWER 1228  
BEAUFORT, SC 29901-1228  
PHONE: 843-255-2270  
FAX: 843-255-9411  
www.begov.net

BL# ______________________ YEAR____________

Legal Name of Business: ______________________

DBA - Doing Business As: ______________________

Physical Address: _______________________________  City: __________ State: ________ Zip: ________

Mailing Address: _______________________________  City: __________ State: ________ Zip: ________

Contact if different than owner: ______________________

Business Phone #: _______ _______ _______ _______ - _______ _______ _______ _______ Cell _____ E-mail address: ______________________

Website: ____________________________________ 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 ________ DATE OF BIRTH ________

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 ______________________

COMPLETE THE FOLLOWING QUESTIONS

If you are physically located within the unincorporated boundaries

* HOME OCCUPATION? Yes ___ No ___  * DO YOU HAVE COVENANTS AND RESTRICTIONS THAT DO NOT ALLOW A HOME BASED BUSINESS? 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: ______________________  VERIFIED: DRIVERS LICENSE____________

CLASS/RATE ________ BUSINESS PERSONAL PROPERTY ________ ZONING ________

SET-UP ADDITIONAL ACCOUNTS: LOCAL ATAX ___________ □ HTAX ___________ □ ADMISSION ___________
BEAUFORT COUNTY BUSINESS SERVICE CENTER
P.O. DRAWER 1228
BEAUFORT, SC 29901-1228
www.bcgov.net

Year __________

BUSINESS NAME: __________

MAILING ADDRESS: __________________________

CITY ___________________ STATE _______ ZIP __________

☐ Website / 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: $ _________________

☐ 2ND YEAR ESTIMATE IF NOT IN BUSINESS FOR A FULL 12 MONTHS, ANNUALIZE GROSS BASED ON PRIOR PERIOD: $ _________________

☐ CHANGE OF PHYSICAL LOCATION COMPLETE A NEW CLEARANCE FORM

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Gross Receipts (Attach PROOF OF REVENUE)</td>
<td></td>
</tr>
<tr>
<td>b. Exempt Income (To receive deductions attach copies of other license applications paid)</td>
<td></td>
</tr>
<tr>
<td>c. Total gross subject to Beaufort County Business License Tax</td>
<td></td>
</tr>
<tr>
<td>d. Business License Tax (minimum rate for first $5,000 in revenue)</td>
<td></td>
</tr>
<tr>
<td>e. Additional gross divided by 1,000 x (incremental rate)</td>
<td></td>
</tr>
<tr>
<td>f. Vehicles for Hire: Taxi / Limousine / Private car service/ van</td>
<td></td>
</tr>
<tr>
<td>Number of vehicles _______ x rate per unit $25.00</td>
<td></td>
</tr>
<tr>
<td>g. Calculated license Tax (add lines d thru line f)</td>
<td></td>
</tr>
<tr>
<td>h. Penalty Due (5% per month if paid after May 31st)</td>
<td></td>
</tr>
<tr>
<td>i. Prior year balance not paid and due:</td>
<td></td>
</tr>
<tr>
<td>j. Prior year (credit):</td>
<td></td>
</tr>
<tr>
<td>k. Credit card Fee</td>
<td></td>
</tr>
<tr>
<td>l. Total License Tax Due (add lines g – k, if credit subtract line j from total)</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>PRINT NAME</th>
<th>SIGNATURE</th>
<th>TITLE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GR Verified: __________ Date Received or Postmark: __________________________
Deductions Verified: __________ Staff: __________________________
BUSINESS PERSONAL TAX PAID: ______ NEW ZONING REQ: Y N __________________________
Credit: __________________________ Bill #: __________________________
CK# __________________________ CC __________________________ CA __________________________
Balance due: __________________________
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 WITHOUT 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 RECEIPT)
( ) APPLIED DATE FIRST (1ST) TAX BILL DUE:___________________________

COUNTY SIGNATURE:___________________________________________________________

IMPORTANT: ALL APPLICABLE BLANKS MUST BE COMPLETED TO PROCESS
# Beaufort County E-911
## Business Emergency Contact Information

Please fill out the following contact information for your business.

| Business Name: | | |
|----------------|------------------|

<table>
<thead>
<tr>
<th>Physical Address:</th>
<th>Suite #:</th>
<th>Gate Code:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
<th>Business Phone Number:</th>
</tr>
</thead>
</table>

Are there security guards on site? If so, please list the security company's name, address, and phone number.

<table>
<thead>
<tr>
<th>Security Company Name:</th>
<th>Address:</th>
<th>Phone Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
</tr>
</thead>
</table>

Please list the business owner or parent corporation's information.

<table>
<thead>
<tr>
<th>Owner Name:</th>
<th>Owner Address:</th>
<th>Owner Home Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
<th>Owner Cell Number:</th>
</tr>
</thead>
</table>

Please list the emergency contacts for your business in the order you would like them notified.

<table>
<thead>
<tr>
<th>First Contact:</th>
<th>First Contact Home:</th>
<th>First Contact Cell:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Second Contact:</th>
<th>Second Contact Home:</th>
<th>Second Contact Cell:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Third Contact:</th>
<th>Third Contact Home:</th>
<th>Third Contact Cell:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fourth Contact:</th>
<th>Fourth Contact Home:</th>
<th>Fourth Contact Cell:</th>
</tr>
</thead>
</table>

Please list any additional information you would like Beaufort County E-911 to keep on file:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

This information will be entered into our Computer Aided Dispatch System so that we may better serve the citizens and businesses of Beaufort County. Please inform us in writing of any changes, additions, or deletions to the information provided. Changes should be submitted to:
Beaufort County Communications - 911 Center
Attn: Regina Bapties/E-911 CAD Manager P.O.
Drawer 1228
Beaufort, SC 29901

NOTE: Any information provided by you is confidential and will be provided only to emergency personnel in an emergency at your business.