



**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  
 LICENSE \_\_\_\_\_  
 CLASS/RATE \_\_\_\_\_ BUSINESS PERSONAL PROPERTY \_\_\_\_\_ HazMat Program \_\_\_\_\_