

**RICHLAND COUNTY GOVERNMENT  
COMMUNITY PLANNING & DEVELOPMENT  
BUSINESS SERVICE CENTER**

2020 Hampton Street, Suite 1050, P.O. Box 192, Columbia SC 29202  
T 803-576-2287 | F 803-576-2289 | TDD 803-576-2045  
bsc@richlandcountysc.gov | richlandcountysc.gov/bsc



**APPLICATION FOR A NEW BUSINESS LICENSE**

For New Businesses or Businesses Obtaining Their First Business License

Please complete this form and return it to the Business Service Center. Businesses located outside city limits of Richland County but inside Richland County must also complete and return a Clearance Form before a business license can be issued to your business. (NOTE! Faxed applications are *not* accepted.)

1. Are you buying an existing business?  Yes  No If yes, Sale Date: \_\_\_\_\_
2. If yes, purchased business' name \_\_\_\_\_

**Business Information**

1. Business Name: \_\_\_\_\_
2. Doing Business As (if different): \_\_\_\_\_
3. Business Ownership Type  Corporation  LLC  LLP  LP  
 Sole Proprietor (individual)
4. Open Date: \_\_\_\_\_ Will you be selling goods in different places?  Yes  No
5. Local Business Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_
6. 2017 NAICS Code (6 digits): \_\_\_\_\_ (See the NAICS [website](#) for assistance.)
7. **SPECIFIC** business activity: \_\_\_\_\_ Booth renter?  Yes  No
8. For new businesses – Projected *gross* revenue through end of the calendar year: \$ \_\_\_\_\_  
For businesses getting first business license – *gross* revenue in last calendar year: \$ \_\_\_\_\_  
For contractors with new projects – gross amount of the contract: \$ \_\_\_\_\_  
Any applicable deductions (paid building permit work, other business licenses): \$ \_\_\_\_\_

**Owner/Principal Information**

**Names and titles of all other business officers/principals must be provided on a separate sheet.**

9. Owner/Principal(s) Name (*no* corporate names): \_\_\_\_\_
10. Federal ID # or SSN: \_\_\_\_\_ State Retail Sales #: \_\_\_\_\_
11. Home Address: \_\_\_\_\_
12. Mailing Address: \_\_\_\_\_
13. Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_
14. Email: \_\_\_\_\_
15. Is this person responsible for the business license?  Yes  No
16. If no, print the name, title and phone number of that person: Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Location Information**

17. Business Location (Street, City, State, Zip): \_\_\_\_\_
18. Business Mailing Address: \_\_\_\_\_

19. Business Contact Name: \_\_\_\_\_  
 20. Title of Contact: \_\_\_\_\_ Work #: \_\_\_\_\_  
 21. Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 22. If renting: Landlord Business Name: \_\_\_\_\_  
 Landlord Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact's Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Landlord mailing address: \_\_\_\_\_

**Decals and Stickers**

	Amount, if any
_____ # of "licensed business" vehicle decals, \$0.25/each (contractors required) \$	_____
_____ # of taxis, shuttles, limos registered <i>inside</i> RC, \$115.84/each (25% discount on vehicles 6-10, 50% discount on vehicles 11 and over)	\$ _____
_____ # of taxis, shuttles, limos registered <i>outside</i> RC, \$173.76/each (25% discount on vehicles 6-10, 50% discount on vehicles 11 and over)	\$ _____
# of coin-operated machines, \$12.50 each	
_____ # of amusement machines (foosball tables, video games, etc.)	\$ _____
_____ # of music machines (juke boxes, etc.)	\$ _____
_____ # of skill machines (pool tables, pinball machines, etc.)	\$ _____
<b>TOTAL*:</b>	\$ _____

**Certifications**

**I certify by my signature below:**

- 23. That I selected the **2017 NAICS Code** that most accurately corresponds to this business (on Page 1).
- 24. That I understand that if this business has **officers or principals**, their names and titles must be provided on a separate sheet to this office and failure to do so is grounds for denial of the application.
- 25. That all of this business' **contractors, subcontractors, and 1099 contractors** are operating legally by having their own County business license if required. (Call 803-576-2287 or [email](#) to verify.)
- 26. **ONLY for businesses applying to operate as "Drinking Places"** (bars, lounges, nightclubs, etc.)
  - That I have  or have not  been convicted, pled guilty or no contest to any crime covered by SC Code Title 16, Chapters 13, 14, or Section 39-15-1190 within the last five years from the date of this application. (If needed, check with your attorney, Public Defender, or the paperwork from the case.)
  - That this business has  or has not  had an alcohol license suspended, revoked, or not renewed within a two year period immediately before the date of this license application.
- 27. That (a) all information in this application is **true and correct**; (b) gross receipts are **accurately reported** with **no unauthorized deductions or exemptions**; and (c) I understand this application is **subject to being reviewed by all applicable departments to assess compliance** with all requirements applicable to this business.

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_