



# Richland County Business Service Center

2020 Hampton Street, Suite 1050  
P.O. Box 192  
Columbia, SC 29202

Phone: (803) 576-2287  
Fax: (803) 576-2289  
[bsc@rcgov.us](mailto:bsc@rcgov.us)  
<http://www.rcgov.us/bsc>

## CHANGE OF NAICS CODE FORM

This form is used to indicate that your business is adding another business activity or changing its type of business activity. This form must be notarized before returning it to our office.

### Business Information

1. Business Name \_\_\_\_\_
2. Business License #: \_\_\_\_\_ Federal ID # or SSN: \_\_\_\_\_
3. Physical Location: (Street, City, State, Zip) \_\_\_\_\_
4. Where is this business located?  in a home  in a commercial location
5. Are you  adding a new business activity, or  changing to a new business activity?
6. **Current** specific business activity \_\_\_\_\_
7. **Current** NAICS code for above activity: \_\_\_\_\_ (see <http://www.census.gov/naics/>)
8. **New** specific business activity \_\_\_\_\_
9. **New** NAICS code for above activity: \_\_\_\_\_ (see <http://www.census.gov/naics/>)
10. Date new business activity will (or did) begin: \_\_\_\_\_

**Note to Businesses Located in Richland County:** Before the business activity change or addition (having a greater-than-two-digit NAICS code change) is approved by the County, a Clearance Form must be completed so the Zoning Division can review and approve the change. (This review includes a Zoning Review fee.) If the business is not located in a home, the Fire Marshal must also review and approve the change. Depending upon the new type of business activity, other approvals may also be required.

A rate change may result, depending upon the current and new business activity. If the business wishes to conduct a new business activity *in addition to* the current business activity *and* wishes to keep the revenues from these two business activities separate, a new license will be required.

### Contact Information

Contact Name and Title: \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Business Name (if different): \_\_\_\_\_

### Applicant Certification

I hereby certify that all information given here for this business is true and correct to the best of my knowledge. I also certify that, if changing to a new business activity, I will no longer engage in the previous business activity following the date specified above.

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship of Applicant to Business (owner, agent, etc.) \_\_\_\_\_

**SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_**

\_\_\_\_\_  
(Printed Name)

NOTARY PUBLIC FOR \_\_\_\_\_

Seal

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
(Signature)