

**RICHLAND COUNTY BUSINESS SERVICE CENTER
SECTION 5 WORKSHEET**

For the Business License Application for Year 2020

Obtain the Worksheet: www.richlandcountysc.gov/bsc

Return the Worksheet: If paying online, email to bsc@richlandcountysc.gov.

If mailing your payment, mail all documents together.

This form is for construction contractors located in non-city areas of Richland County and doing business outside Richland County.

Corporate Business Name:
Doing Business As:
Business License #:
Municipality: (as shown on Page 1 of Renewal Form)

It is ***essential*** that the renewal application and Section 5 Worksheet be submitted ***at the same time.***

Information can be included in additional rows or on additional paper, in the same format, if needed.

To add more rows, right-click on the number of the last row in the desired table and select "Insert."

Revenues earned in other SC jurisdictions with no business license REQUIREMENTS.

- Businesses reporting revenue here **MUST** be located in non-city areas of Richland County.
- Identify each county as "County of. " (Take care in listing cities: 86% require business licenses.)
- If work is performed on military bases outside Richland County, complete the Deductions Worksheet.

Staff Review:

Approved

Disapproved

Jurisdiction	Revenue Earned	Subtotal
Total Out-of-County Revenues with No Business Licenses:		\$ -

Certification of Respondent

FAILURE TO FULLY COMPLETE THIS SECTION WILL RESULT IN ALL REVENUES REPORTED HERE BEING DISAPPROVED.

Read! I certify by my signature below and under penalty of perjury under the SC Code of Laws Section 16-0-10(A)(2) that all information provided in this Section 5 Worksheet is accurately reported. I also understand any unauthorized revenues claimed will result in those revenues being removed and additional fees and penalties will apply.

Printed name of person completing form: _____

Electronically submitted worksheets will be considered signed with the printed name.
Mailed or hand-delivered worksheets will be incomplete without a signature, resulting in disapproval of all reported revenues.
All fields MUST be completed.

Signature: _____

Title: _____

Date: _____

Phone: _____

Email: _____

Business Service Center Staff Only

Reviewed by (full signature)
Date