



Richland County Business Service Center

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<http://www.rcgov.us/bsc>

Business License Assessment Survey

- This form is intended to help the County better understand where and how your business operates, to assess whether or not a Richland County business license is needed. If a license is needed, our office will work collaboratively with you to facilitate compliance.
- If you already have a County license, please provide the number: _____. If your business does not currently have a license, please be aware a license may or may not be needed.
- Please complete and return this form to the Business Service Center. (Faxes not accepted.)

Business Information

1. Corporate Business Name: _____
2. Doing Business As (if different): _____
3. Local Business Phone: _____ Open Date: _____
4. Business activity: _____ 2012 NAICS Code:* _____
*See <http://www.census.gov/naics/> for assistance)
5. Description of your business (at least 10 words) _____

Physical Location Information

6. Business Location (Street, City, State, Zip): _____
7. If the physical address is not in the unincorporated areas of the County, how often does your business go into – *or expect to go into* – the non-city areas of Richland County:
Approximately: _____ times a (circle one) week month year
8. Name of best person to contact re: license requirements: _____
9. Title: _____ Work Phone: _____
10. Cell Phone: _____ E-mail: _____
11. Area where business has been and/or will be conducted by the business: (check all that apply)

<input type="checkbox"/> Arcadia Lakes	<input type="checkbox"/> Cayce	<input type="checkbox"/> Irmo
<input type="checkbox"/> Blythewood	<input type="checkbox"/> Forest Acres	<input type="checkbox"/> non-city limits in Richland County
<input type="checkbox"/> Columbia	<input type="checkbox"/> Eastover	<input type="checkbox"/> outside Richland County entirely

Owner/Principal Information

12. Owner/Principal(s) Name (*no* corporate names): _____

13. Mailing Address: _____

14. Work Phone: _____ Cell Phone: _____

15. E-mail: _____

Applicant Certification

Upon penalty of perjury, I hereby certify and attest to the following:

- (1) All information provided here is true and correct to the best of my knowledge.
- (2) If this location of this business or location of the *conduct* of this business *changes or expands* at any time in the future, I will notify the Business Service Center and obtain a new Business License Assessment Survey.
- (3) I understand that, if my business is located in or conducts business in the unincorporated areas of Richland County, **I am responsible for complying with all County business requirements**, found at <http://www.richlandonline.com/Government/Ordinances.aspx>. I also understand the consequences for failing to comply with these requirements.
- (4) I understand that the Business License Determination shown below is valid until either (1) the information contained on this form changes or (2) March 15, the date on which all business licenses must be renewed, whichever comes first.

Signature of Applicant: _____ Printed Name: _____

Title: _____ Date: _____

Business Service Center Staff Only

Business License Determination

Tax district of physical location* : _____ (if located within Richland County)

Based on the information provided above, certified by the applicant as accurate, this business:

DOES NOT need a Richland County business license at this time

DOES need a Richland County business license at this time

Business License #: _____ **Year:** _____

Status of County Business License: Pending (P) Paid (P) Issued (I)

All County business licenses expire on December 31st of each year.

The License Determination above is valid until: (1) the information on this form changes, or (2) March 15, the date by which all licenses must be renewed, whichever comes first.

Signature of BSC Staff: _____ Printed Name: _____

Title: _____ Date: _____