

**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 _____ (see <http://www.census.gov/naics/> 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 officers/principals of the business 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. E-mail: _____
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: _____

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20. Title of Contact: _____ Work #: _____
21. Cell #: _____ E-mail: _____
22. If renting: Landlord Business Name: _____
 Landlord Contact Name: _____
 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.)	\$ _____
TOTAL*:	\$ _____

Certifications

I certify by my signature below:

- That I selected the **2017 NAICS Code** that best describes this business (on Page 1).
- 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 constitutes grounds for denial of the application.
- That all of this business' **suppliers, contractors, subcontractors, and 1099 contractors** will operate lawfully by having their own County business license if required.
- ONLY for businesses operating 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 preceding the date of this business license application.
- That (a) all information in this application is **true and correct**; (b) gross receipts are **accurately reported** with **no unauthorized deductions or exemptions**; (c) all building, electrical, plumbing, fire, and zoning **codes are complied with**, (d) **all applicable licenses and permits are obtained**, and (e) I understand this application is **subject to being reviewed by all applicable departments to assess compliance** with all the County's requirements applicable to this business.

Applicant Signature: _____ **Printed Name:** _____

Title: _____ **Date:** _____