



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

CLEARANCE FORM

- This form documents that a business has received all necessary approvals and met all necessary requirements to operate each type of business activity. Approvals needed depend upon business location, type, and use.
- **It is a business' responsibility to obtain all necessary approvals – a local contact is required.** (Booth renters do not need to use this form.) Complete one form for each business activity.
- A **\$26.33** Zoning fee is required when returning each Clearance Form (with any other applicable payments).
- Return the **original**, completed form to the Business Service Center. Faxes are *not* accepted.
- All approvals must be obtained and requirements met before a business license will be issued.

STEP 1 – Complete all information below (including Page 1 and top of Page 2).

Select Reason(s) for Completing Form:

- New business or Existing business
- Change in physical location/address
 - Change in or Addition of Business Activity/Use
 - Change in Ownership
 - Internal staff review to verify compliance

Select Structure Type:

- Residence (Home-based business)*
- New Commercial**
- Existing Commercial

* Home-based businesses must complete a *Home Occupation* application. (See Zoning.)

** If in a new commercial structure, a copy of the CO is needed to continue the business license application process. (A copy may be obtained from Building Inspections Department.)

Business Information (All fields are required.)

- 1) Business (Corporate) Name: _____
- 2) Doing Business As (as seen by public): _____
- 3) Business Location (suite, street, CITY, ZIP): _____
- 4) **Mailing** Address: _____
- 5) * Tax Map #: _____ (Call 803-576-2640 for assistance.)
- 6) Is this an IRS 501(c) tax-exempt organization? Yes, Section # _____ No

Certification of Business Activity Failure to initial will result in a denied application.

By initialing below, you attest (1) to the accuracy of your responses, (2) that you understand the terms and definitions used, (3) that you have asked all of your questions of the appropriate staff, and (4) that you agree to fully comply with the requirements indicated on this form. (Code Section 26-22 addresses sexually oriented businesses.)

- 7) *Single Business Activity*: _____ *Single NAICS Code*: _____
 See <http://www.census.gov/naics/>. **I understand and agree to comply with the requirement that no other business activity is permitted unless approved in advance with a Clearance Form. INITIAL:** _____
- 8) Are *any other* business activities occurring at or planned for this location? Yes* No
 * If yes, another Clearance Form **must** be completed for each activity occurring or being planned.
- 9) Is this a Sexually Oriented Business, or going to be? Yes No **INITIAL:** _____

Local Contact Person

Printed Name: _____ Title: _____
 Work # _____ Cell # _____ Home #: _____
 E-mail: _____

Person Completing Form

Printed Name: _____ Signature: _____
 Title: _____ Date: _____
 Work # _____ Cell # _____ Home #: _____
 E-mail: _____

STEP 2

Bring this form to the Business Service Center; staff will indicate which requirements apply. Initial your acknowledgment of these requirements. Complete these forms or requirements *only AFTER obtaining Zoning approval*. Unique business activities may have other requirements not shown here.

Requirements					
County Forms provided to <u>YOU</u>		Applies	N/A	Customer Initials	Returned to BSC
1.	Application for New Business License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2.	Change of Address Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3.	Change of NAICS Code Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4.	Declaration of Qualifications	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5.	Hazardous Materials Certification Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6.	Hospitality Tax Certification Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7.	Hospitality Tax Enrollment Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8.	Local Accommodations Tax (New BL App)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9.	Peddler's License Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10.	Pet Breeders License Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11.	Precious Metals Permit Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12.	Copy of Certificate of Occupancy (CO)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other documentation required <u>FROM YOU</u>					
13.	SC DHEC: licenses	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
14.	SC DOR: Alcohol/Liquor License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
15.	SC DOR: Retail License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
16.	SC DOR: Wholesale License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
17.	SC LLR: occupational licenses	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
18.	IRS: 501(c) documentation (IRS letter)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Printed Name of BSC employee: _____ Date: _____

STEP 3

Bring this form to the departments indicated below in the order that they appear for approval.

Zoning Division 803-576-2180 1st floor, County bldg.

Name of employee receiving form: _____ Date: _____

- For existing commercial: the location's prior use is: Unknown Same as proposed

Different: _____

Approved – Printed Name _____ Date: _____

Disapproved – Printed Name _____ Date: _____

If disapproved, the reason(s) is indicated below:

Comments: _____

Please contact _____ at _____ for more information.

Building Inspections 803-576-2169 1st floor, County bldg.

Name of Employee receiving form: _____ Date: _____

Contractors' SC LLR license obtained: N/A Yes # _____ No (State _____)

Approved – Printed Name _____ Date: _____

Disapproved – Printed Name _____ Date: _____

If disapproved, the reason(s) is indicated below:

Comments: _____

Please contact _____ at _____ for more information.

Fire Marshal 803-576-3400 Meet onsite for inspection

Name of Employee receiving form: _____ Date: _____

Approved – Printed Name _____ Date: _____

Disapproved – Printed Name _____ Date: _____

If disapproved, the reason(s) is indicated below, or see the Fire Marshal's report.

Comments: _____

Please contact _____ at _____ for more information.

Sheriff's Department 803-576-3000 Headquarters, 5623 Two Notch Rd.

Name of employee receiving form: _____ Date: _____

Comments below provided by: Printed Name _____ Date: _____

Comments: _____

Please contact _____ at _____ for more information.

- DHEC: Environmental Health** 803-896-0620 8500 Farrow Rd., Bldg. 12
Documentation showing DHEC approval must be submitted with your license application.
- DHEC: Health Licensing** 803-545-4370 301 Gervais St.
Documentation showing DHEC approval must be submitted with your license application.
- DSS: License/Registration** 803-898-9001 2638 Two Notch Rd., Suite 220
Businesses caring for children may be required to be licensed or registered with DSS.
(See State Code Section 63-13-10 et. seq. for more information.)

STEP 4

Return the original, completed Clearance Form with all necessary forms and documentation indicated in Step 2 to the Business Service Center. Be prepared to pay the Zoning Review Fee plus the business license fee(s): e-mail bsc@rcgov.us or call 803-576-2287 to obtain the total amount due for the business in advance of your visit. (Cash, check, or credit card accepted.)

- Business Service Center** 803-576-2287 1st floor, County bldg., Suite 1050

Name of employee receiving form: _____ Date: _____

- All required information has been completed. (Step 1)
- All required documents have been checked as received. (Step 2)
- All spaces for initials have been signed. (Steps 1 and 2)
- All necessary approvals have been received and signed without conditions. (Step 3)
- Any other business activities also have approved Clearance Forms. (Question 7)
- Any DHEC required documentation has been received.
- The Zoning Review Fee has been paid. (No refunds.)

Approved – Printed Name _____ Date: _____

Disapproved – Printed Name _____ Date: _____

If disapproved, the reason(s) is indicated below:

Comments: _____

Please contact _____ at _____ for more information.