



Richland County Business Service Center

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

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 Fax: (803) 576-2289
bsc@rcgov.us
<http://www.rcgov.us/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.)**

- Are you buying an existing business? Yes No If yes, Sale Date: _____
- If yes, purchased business' name _____

Business Information

- Business Name _____
- Doing Business As (if different) _____
- Type of Business Ownership Corporation LLC LLP LP
 Sole Proprietor (individual)
- Open Date _____ **Will you be selling goods in different places?** Yes No
- Local Business Phone _____ Cell Phone _____
- 2012 NAICS Code _____ (see <http://www.census.gov/naics/> for assistance)
- Type of business _____ **Booth renter?** Yes No
- 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.

- Owner/Principal(s) Name (*no* corporate names): _____
- Federal ID # or SSN: _____ State Retail Sales #: _____
- Mailing Address: _____
- Work #: _____ Cell #: _____
- E-mail: _____
- Is this person responsible for the business license? Yes No
- If no, print the name, title and phone number of that person: Name: _____
 Title: _____ Phone: _____

Location Information

- Business Location (Street, City, State, Zip): _____
- Business Mailing Address: _____
- Business Contact Name: _____
- Title of Contact: _____ Work #: _____
- Cell #: _____ E-mail: _____

21. If Renting, Name of Landlord _____
22. If Renting, Address of Landlord _____
23. Is this the address to which the business license renewal form should be sent? Yes No
24. If no, print the corporate mailing address, contact name, and phone number for the corporate contact:
 Corporate Mailing Address: _____
 Contact Name: _____ Phone: _____

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*:	\$ _____

Requirements and Certifications

1. A Clearance Form is needed for resident businesses and non-resident contractors. N/A
2. Hospitality Taxes are needed for businesses selling prepared/modified foods/drinks N/A
3. Business Personal Property Taxes: Resident businesses in at least their third year. N/A

I certify by my signature at the bottom of this page:

4. That I selected the **2012 NAICS Code** most accurately corresponding to this business (on Page 1).
5. That this business **will not** *at any time* qualify as a sexually oriented business as defined in Code Section 26-22 and that I if I was uncertain about what this means, that I have called 803-576-2180.
6. 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.
7. That all of this business' **contractors, subcontractors, and 1099 contractors** are operating lawfully by having their own County business license if required. (803-576-2287 or bsc@rcgov.us to verify.)
8. That I **have** or **have not** been convicted, or pled guilty or no contest to any crime covered by SC Code of Laws 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.)
9. That I **have** or **have not** written a bad check or provided illegal consideration for any *license fee*.
10. 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.
11. (a) That all information in this application is true and correct; (b) that gross receipts are accurately reported without any unauthorized deductions or exemptions; (c) that all building, electrical, plumbing, fire, and zoning codes are complied with, (d) that all applicable licenses and permits are obtained, and (e) that 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:** _____