



**BEAUFORT COUNTY
BUSINESS LICENSE DEPARTMENT
P. O. Drawer 1228
Beaufort, SC 29901-1228
Phone: 843-255-2270 Fax: 843-255-9411
businesslicenses@bcgov.net
www.beaufortcountysc.gov**

NON-RESIDENT CONTRACTORS

It is critical for contractors to know in what city/town or unincorporated limits their work is performed in order to accurately report their gross revenues to each city/county requiring a business license.

All contracts/jobs must be paid on a pay-as-you-go basis during the calendar year in which the contract/job is received.

- All contractors doing business in Unincorporated Beaufort County, whether or not located in Beaufort County, are required to have a business license. Building permits cannot be obtained without a current business license.
- All contractors registering with the Beaufort County Vendors list is required to obtain a business license from Beaufort County Business Service Center.
- A contractor obtaining a contract to do work must obtain its business license based upon the gross amount of the contract before work commences. This license is then valid until the contract for which the tax was paid is completed, even if the work extends past December 31.
- Each new contract requires an additional business license tax to be paid, as the new contract generates new gross revenue.
- Copy of Driver's License and South Carolina Labor, Licensing and Regulation required.
- If Corporation, LLC provide a listing of officers.
- Contractors doing work not under a specific contract, such as service work, must report that revenue and obtain a business licenses based upon the gross revenue of that work from the previous year.
- All contractors which are required to be licensed by the South Carolina Department of Labor, Licensing (LLR) and Regulation must show proof of a valid LLR license before a business license will be issued.

For more information, please visit the Beaufort County website at www.beaufortcountysc.gov or call 843-255-2270.

Standardized Business License Application



City or County: _____

Business Information

Corporate name: _____	
Name shown to public: _____	Open date: _____
Organization type: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Corporation <i>Articles of Organization or Incorporation may be required.</i>	
Business activity/type: _____	NAICS/SIC/Other code: _____
Federal ID/SSN #: _____	State retail sales #: _____
Mailing address: _____	
Physical address: <input type="checkbox"/> Inside jurisdiction, Tax parcel #: _____ <input type="checkbox"/> Outside jurisdiction	
Contact name, title: _____	
Contact phone: _____ Ext. _____	Alternate phone: _____
Fax: _____	Email: _____

Owner or Principal(s) Information

Owner or Principal(s) name(s), title(s): _____	SSN #: _____
Driver's license #: _____	State: _____ Expiration date: _____
Mailing address: _____	
Work phone: _____ Ext. _____	Cell phone: _____
Fax: _____	Email: _____

Job/Project Information

Project start date: _____	Estimated end date: _____
Project location: _____	Tax parcel #: _____
Project type: <input type="checkbox"/> New construction <input type="checkbox"/> Renovation <input type="checkbox"/> Other _____	
General contractor name: _____	
State contractor license #: _____ <i>Copy may be required</i>	State: _____ Expiration date: _____
Master/specialty license #: _____	
Job contact name: _____	Phone: _____
Total gross revenues of contract amount: \$ _____	
Gross revenues, inside jurisdiction: \$ _____	Gross revenues, outside jurisdiction: \$ _____
Value of authorized deductions: \$ _____	Deduction type(s): _____

Contact your city or county business licensing office with questions regarding this form.

*Application produced by the South Carolina Business Licensing Officials Association.
The SC Business Licensing Officials Association is an affiliate of the Municipal Association of SC.*

Other Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Buying an existing construction business? <i>If yes, purchased business' name:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business leasing space to another business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mail business license renewals to mailing address listed in the business information section on the previous page? <i>If not, corporate address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of use to building?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Erecting a new sign?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home occupation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent contractors (Form 1099)? <i>If yes, names:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing property? <i>If yes, landlord name and address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictive covenants? If yes, provide copy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sell food or beverages that are prepared and/or consumed on your premises?

Applicant Certification *(Contact the municipality in which you are doing business to determine if a notarized signature is required.)*

- I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
- I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
- I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
- I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction's requirements.
- I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
- I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

Applicant printed name:

Signature:

Title:

Date:

For Office Use Only

Approved by all necessary departments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Business license #:	Rate class:	
Rate Base rate: \$	Every \$1,000 after: \$	
Amount due Fee: \$	Penalties: \$	Total: \$
Decal required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost/each: \$	Total: \$
Receipt Amount paid: \$	Date paid:	Number of decals:
Staff name:	Signature:	Date:

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