



BEAUFORT COUNTY BUSINESS SERVICES

P.O. DRAWER 1228

PHONE: 843-255-2270

BEAUFORT, SC 29901-1228

FAX: 843-255-9411

www.beaufortcountysc.gov

Rental Accounts Only

BL# _____

YEAR _____

Legal Name of Business: _____

DBA - Doing Business As: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact if different than owner: _____

Business Phone: _____ Cell _____ E-mail address: _____

Other Phone: _____ Fax _____

Date Business Started in county: ____/____/____ Location: LONG TERM SHORT TERM

OWNERSHIP TYPE: SOLE PROPRIETOR CORPORATION PARTNERSHIP LIMITED LIABILITY COMPANY

Address of rental property: _____

FEIN # _____ Social Security # _____ SC Retail # _____

DRIVER LICENSE # _____ STATE ISSUED _____ DATE OF BIRTH: ____/____/____

IF BUSINESS IS OWNED BY A CORPORATION, ASSOC, OR OTHER ENTITY, PLEASE LIST NAME AND TITLE OF OFFICERS BELOW:

OFFICER _____ TITLE _____

OFFICER _____ TITLE _____

Is this business an affiliate of a holding or parent company? Y___ N___ If YES, name of parent company _____

Estimated gross receipts for the year: \$ _____

(STAFF USE ONLY)

a. Gross Receipts		a.
b. Business License Tax (minimum rate for first \$2,000 in revenue)		b.
c. Additional gross divided by 1,000 x (incremental rate)		c.
d. Calculated license Tax (add lines a thru line c)		d.
e. Credit card Fee		e.
f. Total License Tax Due (add lines d & e)		f.

I certify under oath that the information given in this license application is true, that the gross income is accurately reported, or estimated for a new business, without any unauthorized deductions, and that all assessments, fees, licenses, business property taxes, and any other charges due and payable to the County have been paid. I have obtained County permits and am in compliance with all regulatory codes of Beaufort County. I understand the County ordinance provides for penalty and license revocation for making false or fraudulent statements on this application.

Print Name: _____ Signature: _____ Date: ____/____/____

ADMINISTRATIVE USE ONLY

DATED ACCEPTED: _____ STAFF NAME: _____ STRP #: _____ NAICS: _____

VERIFIED: ID: _____ PERSONAL PROPERTY TAX FORM: _____ LOCAL ATAX _____