



BEAUFORT COUNTY BUSINESS SERVICES

Post Office Drawer 1228
 Beaufort, South Carolina 29901
 Telephone (843) 255-2270 Fax (843) 255-9411
 businesslicenses@bcgov.net
 www.beaufortcountysc.gov

APPLICATION FOR ANNUAL BUSINESS LICENSE

BUSINESS NAME: _____

MAILING ADDRESS: _____

BUSLIC- _____ - _____

CITY _____ STATE _____ ZIP _____

EMAIL: _____ PHONE: _____

1. Check one box below and fill in appropriate blanks. An incomplete application will delay the issuance of your business license.

- RENEWAL due by APRIL 30TH
- BUSINESS CLOSED - Date _____ Gross receipts for prior year \$ _____
- NEW APPLICATION – Estimated gross receipts through December 31st of current year: \$ _____
- 2ND YEAR ESTIMATE IF NOT IN BUSINESS FOR A FULL 12 MONTHS, ANNUALIZE GROSS BASED ON PRIOR PERIOD: \$ _____
- CHANGE OF PHYSICAL LOCATION (REQUIRES A NEW CLEARANCE FORM) **(STAFF ONLY)**

A. Gross Receipts (ATTACH PROOF OF REVENUE) Round to next thousand		
B. Exempt Income (For deductions attached copies of other license applications paid.)		
C. Total gross subject to Beaufort County Business License Tax		
D. Business License Tax (Minimum rate for first \$2000 in revenue)		
E. Additional gross divided by 1,000 X (incremental rate)		
F. Vehicles for Hire: Taxi/Limousine/Private Care Service/Van Number of vehicles _____ x rate per unit \$25.00		
G. NUMBER OF AMUSEMENT MACHINES (A)(1) AND (A)(2) STICKERS _____ (A)(3) STICKERS _____ DO YOU OWN THE MACHINES: YES _____ NO _____ OWNER OF MACHINES: _____ IF OWNER, LIST WHERE MACHINES ARE LOCATED: _____		
H. NUMBER OF POOL TABLES _____		
I. Calculated License Tax (add lines D thru line H)		
J. Penalty Due (5% per month if after April 30 th)		
K. Total License Tax Due (add lines I and J)		

PLEASE MAKE CHECK PAYABLE TO BEAUFORT COUNTY TREASURER

 I (we) do hereby make application in accordance with the Ordinance of Beaufort County to conduct the above named business in the County for license year stated and certify that the above information and amount returned as gross income from my business is true and correct, and that I have made no deductions except income on which I have paid a business license tax to another county or municipality, for which I have proof of payment. I am familiar with the penalty provisions of the ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application. I certify that all assessments and business personal property taxes due and payable to Beaufort County have been paid, and that the above business name is the same as reported on documents filed with the state and federal governments. I understand that my business income tax returns and other documents are required to verify gross income or other business data.

SIGNATURE

PRINT NAME

DATE

TITLE

GR Verified: _____ Date Received or Postmarked: _____
 Deductions Verified: _____ Staff: _____
 New Zoning Required: Y ___ N ___ New Zoning # _____

Inv: _____
 Check #: _____ Amt: _____
 Cash: \$ _____