



**BEAUFORT COUNTY BUSINESS SERVICE CENTER**  
**P.O. DRAWER 1228** **PHONE: 843-255-2270**  
**BEAUFORT, SC 29901-1228** **FAX: 843-255-9411**  
 businesslicenses@bcgov.net

**CLEARANCE FORM**

**This form is required for all businesses physically located within the unincorporated**

**Business Information** (All fields are required to be completed.)

- 1) Business (Corporate) Name: \_\_\_\_\_
- 2) Doing Business As (as seen by public): \_\_\_\_\_
- 3) Business Location (suite, street, CITY, ZIP): \_\_\_\_\_
- 4) Telephone # \_\_\_\_\_ Person completing 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.** Complete one form for each business activity.
- A **\$25.00** 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).

**Select Reason(s) for Completing Form:**

- New business or  Existing business
- Change in physical location/address
- Change in or Addition of Business Activity/Use

**Select Structure Type:**

- Residence (Home-based business)
- New Commercial\*\*
- Existing Commercial(Same Use)
- Change of Use/ Occupancy\*\*

**Will you have any renovations to the commercial building space. Please make selection and initial.**

- YES \_\_\_\_\_  NO \_\_\_\_\_

**\*\* SEE BUILDING CODES:** If in a new commercial structure, a copy of the CO or Building Codes Department Approval is needed to continue the business license application process. Please be advised this applies to Change of Use and Upfits (A copy may be obtained from Building Inspections Department.)

**COMPLETE THE FOLLOWING QUESTIONS**

If you are physically located within the unincorporated boundaries

\* HOME OCCUPATION? Yes \_\_\_ No \_\_\_ \* DO YOU HAVE COVENANTS AND RESTRICTIONS THAT DO NOT ALLOW A HOME BASED BUSINESS? Yes \_\_\_ No \_\_\_

Signature \_\_\_\_\_

- 5) Describe *Single* Business Activity: \_\_\_\_\_
- 6) Are *any other* business activities occurring at or planned for this location?  Yes\*  No **INITIAL:** \_\_\_\_\_  
 \* If yes, another Clearance Form must be completed for each activity occurring or being planned.

## **STEP 2**

Complete all forms as required these forms or requirements *only **AFTER** obtaining Zoning approval and Zoning Permit*. Unique business activities may have other requirements not shown here.

<b>County Forms provided <u>in your package</u></b>		<b>Applies</b>	<b>N/A</b>
1.	Complete Data Form and License Application	✓	
2.	Auditor Form – all businesses in Beaufort County- this includes towns and city’s	✓	
3.	E-911 form – <b>complete only if you lease or own a commercial location that the business is operating</b>	✓	
<b>Documents Required from Business</b>			
4.	Copy of Driver License – applies to all applicants	✓	
<b>Other documentation required from business if applicable</b>			
5.	Commercial locations – <b>Lease agreement</b>	<input type="checkbox"/>	<input type="checkbox"/>
6.	SC SOS: Business Articles and listing of officers	<input type="checkbox"/>	<input type="checkbox"/>
7.	SC LLR: Occupational Licenses	<input type="checkbox"/>	<input type="checkbox"/>
8.	SC DHEC: licenses	<input type="checkbox"/>	<input type="checkbox"/>
9.	SC DOR: Alcohol/Liquor License	<input type="checkbox"/>	<input type="checkbox"/>
10.	SC DOR: Retail License	<input type="checkbox"/>	<input type="checkbox"/>
11.	IRS: 501(c) documentation	<input type="checkbox"/>	<input type="checkbox"/>
12.	<b>Other items required:</b>		

**THIS ONLY APPLIES TO BUSINESSES THAT ARE PHYSICALLY WITHIN THE UNINCORPORATED BOUNDARIES**

**Zoning Division** 843-255-2170 1<sup>st</sup> floor, County bldg. room 115  
Employee name: \_\_\_\_\_ Date: \_\_\_\_\_

Existing commercial: the location's prior use is:  Changed  Same as proposed  
 Different: \_\_\_\_\_

Approved  Disapproved

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Fire Marshal - Commercial locations only - You must contact and meet the Fire Marshal for onsite inspection**

Please see attached Fire Department listing for contact information

Fire Marshall name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Disapproved

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

Comments: \_\_\_\_\_

**Building Inspections – Commercial locations only** 843-255-2065 2nd floor, County bldg. room 225

Employee name: \_\_\_\_\_ Date: \_\_\_\_\_

County Electrical License: N/A  Yes  # \_\_\_\_\_ No

Commercial location:  Approved  Disapproved

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Staff will advise if the following is needed:**

**Sheriff's Department** Headquarters, 2001 Duke Street

Name of employee receiving form: \_\_\_\_\_ Date: \_\_\_\_\_

Comments below provided by: Employee Name \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Beaufort County HazMat Program** 843-255-4000 Headquarters, 2001 Duke Street

Name of employee receiving form: \_\_\_\_\_ Date: \_\_\_\_\_

Comments below provided by: Employee Name \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_



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**P.O. DRAWER 1228** **PHONE: 843-255-2270**  
**BEAUFORT, SC 29901-1228** **FAX: 843-255-9411**

[www.beaufortcountysc.gov](http://www.beaufortcountysc.gov)

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: \_\_\_\_\_

Website: \_\_\_\_\_ Other Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Business Started in county: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location:  IN COUNTY  OUT OF COUNTY  OUT OF STATE

OWNERSHIP TYPE:  SOLE PROPRIETOR  CORPORATION  PARTNERSHIP  LIMITED LIABILITY COMPANY

Describe business activities in detail: \_\_\_\_\_

Purchase Existing Business: YES \_\_\_ NO \_\_\_ Date of Purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_ Previous Business Name: \_\_\_\_\_

FEIN # \_\_\_\_\_ Social Security # \_\_\_\_\_ SC Retail # \_\_\_\_\_

SC (LLR) LICENSE #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ TYPE OF LICENSE: \_\_\_\_\_  
 (i.e. Contractor, Electrical, Medical, Massage, etc.)

DRIVER LICENSE # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Coin Operated Amusement Devices: YES \_\_\_ NO \_\_\_ Alcohol Beverages: YES \_\_\_ NO \_\_\_ Prepared Foods: YES \_\_\_ NO \_\_\_ Paid entry or admission: YES \_\_\_ NO \_\_\_

**II. 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 \_\_\_\_\_

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: _____		
ZONING # _____	CLASS/RATE _____	VERIFIED: DRIVERS LICENSE/ID _____	
BUSINESS PERSONAL PROPERTY FORM COMPLETED _____		ADDITIONAL ACCOUNTS SET-UP: LOCAL ATAX _____	<input type="checkbox"/> HTAX _____ <input type="checkbox"/> ADMISSION _____



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

BEAUFORT COUNTY AUDITOR'S OFFICE  
100 RIBAUT RD / P.O. BOX 458  
BEAUFORT, SC 29901-0458  
PHONE: 843-255-2500  
FAX: 843-255-9409  
ROOM 160 COUNTY ADMINISTRATION BUILDING

**COUNTY AFFIDAVIT FOR BUSINESS PERSONAL PROPERTY TAX  
MERCHANT OR SERVICE-FURNITURE, FIXTURES & EQUIPMENT**

NO CITY OR COUNTY BUSINESS LICENSE (NEW OR RENEWAL) CAN BE ISSUED WITH OUT  
PROOF OF PAID BUSINESS PERSONAL PROPERTY TAX OR THIS AFFIDAVIT SIGNED BY THE  
COUNTY AUDITOR

**S.C. LAW FOUND IN TITLE 12-37-970**

**Please print the below information**

**DATE BUSINESS STARTED:** \_\_\_\_\_

**CORPORATE NAME:** \_\_\_\_\_  
"as listed on business license"

**BUSINESS NAME OR D/B/A:** \_\_\_\_\_

**BUSINESS OWNER NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**PHYSICAL LOCATION  
OF BUSINESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**TYPE BUSINESS OR  
SERVICE PROVIDED:** \_\_\_\_\_

**SERVICE ORIENTED BUSINESS ( ) or  
RETAIL (sales tax) BUSINESS ( )  
Social Security Number or Federal employer Tax ID Number (FEIN)** \_\_\_\_\_

**BUSINESS LIC#** \_\_\_\_\_

*Is this Business License because you are renting a second home? YES ( ) OR NO ( )*

**FOR COUNTY USE ONLY**

- ( ) **EXEMPT**  
( ) **PAID (SEE ATTACHED PAID TAX RECIEPT)**  
( ) **APPLIED**      **DATE FIRST (1<sup>ST</sup>) TAX BILL DUE:** \_\_\_\_\_

**COUNTY SIGNATURE:** \_\_\_\_\_

**IMPORTANT: ALL APPLICABLE BLANKS MUST BE COMPLETED TO PROCESS**



# Beaufort County E-911 Business Emergency Contact Information



Please fill out the following contact information for your business.

Business Name:

Physical Address:  Suite #:  Gate Code:

City:  State:  ZIP:  Business Phone Number:

Are there security guards on site? If so, please list the security company's name, address, and phone number.

Security Company Name:

Address:  Phone Number:

City:  State:  ZIP:

Please list the business owner or parent corporation's information.

Owner Name:

Owner Address:  Owner Home Number:

City:  State:  ZIP:  Owner Cell Number:

Please list the emergency contacts for your business in the order you would like them notified.

First Contact:

First Contact Home:  First Contact Cell:

Second Contact:

Second Contact Home:  Second Contact Cell:

Third Contact:

Third Contact Home:  Third Contact Cell:

Fourth Contact:

Fourth Contact Home:  Fourth Contact Cell:

Please list any additional information you would like Beaufort County E-911 to keep on file:

This information will be entered into our Computer Aided Dispatch System so that we may better serve the citizens and businesses of Beaufort County. Please inform us in writing of any changes, additions, or deletions to the information provided. Changes should be submitted to:

Beaufort County Communications - 911 Center  
Attn: Regina Bapties/E-911 CAD Manager P.O.  
Drawer 1228  
Beaufort, SC 29901

NOTE: Any information provided by you is confidential and will be provided only to emergency personnel in an emergency at your business.



# Beaufort County Sheriff's Office Emergency Management Division Hazardous Materials Office

## *Did you know...*

A business is required to register with the Beaufort County Sheriff's Office Emergency Management Division for the use, handling, production, and/or storage of any quantity of hazardous chemicals,

### Qualifying Substances:

Explosives   Gases   Flammable/Combustible liquids   Flammable Solids  
Oxidizers   Peroxides   Poisonous/Infectious Substances   Corrosive Materials  
Radioactive Materials

**Examples:** oil based paints, insecticides, chlorine, bleach, lye, battery acid, acetylene, charcoal lighter fuel, diesel fuel, drano, ammonia etc.

*Refer to Beaufort County Code of Ordinances Chapter 46-Health & Sanitation*

*(Article V / Hazardous Materials)*

### Fees:

- A fee shall be paid for initial registration of a business on file & an annual renewal fee is due by January 1 of each year. Only one registration per facility per year. Businesses are categorized under three sections - A, B and C.
- No registration is valid after December 31st of the year in which it was issued.

### Infractions:

- Renewal fees received after January 1st shall be subject to a late fee of double their annual renewal fee.
- Penalties for non-compliance can include criminal sanctions in addition to monetary fines

## Contact Information:

### Beaufort County Sheriff's Office

Emergency Management Division  
Hazardous Materials Office  
La Shawn Jefferson, Hazardous Materials Coordinator

Post Office Box 1758  
Beaufort, South Carolina 29901

Phone: 843-255-4000  
Fax: 843-255-4008  
E-mail: lashawnj@bcgov.net

