

BEAUFORT COUNTY BUSINESS LICENSE SERVICE CENTER

P. O. DRAWER 1228 BEAUFORT, SC 29901

FAX: 843-255-9411

PHONE: 843-255-2270

www.beaufortcountysc.gov

BUSINESS LICENSE CHANGE FORM

NAME:			BUSINESS LICENSE #					
□ NAME CHANGE	□ CHANGE O	F BUS	SINESS	S TYPE	□ CHANGE	OF LOCATION	ON	
				CHANGE TO			EFFECTIVE DATE	
BUSINESS NAME – CHANGE AND/OR UF	PDATE DBA							
**PHYSICAL LOCATION (NO PO BOX OR MAIL CENTER)								
CITY/STATE/ZIP								
BUSINESS PHONE#								
MAILING ADDRESS - STREET/PO BOX								
CITY/STATE/ZIP								
PHONE #								
NEW AND/OR ADDITIONAL CONTACT								
FEDERAL ID/ SS #								
ADD QUALIFIER – SCLLR LICENSE								
CLEARANCE FORM REQU	RED	YES	NO	OTHER/EXP	LAIN			
IF LOCATED WITHIN UNINCORPORAT	ED BEAUFORT							
CHANGING TYPE OF BUSINESS								
INSIDE BEAUFORT COUNTY LIMITS?								
IS THIS A HOME BASED BUSINESS?								
DO YOU HAVE COVENANTS AND RESTR DO NOT ALLOW A HOME BASED BUSINI								
COMMERCIAL LOCATIONS: WILL THERE BE ANY CONSTRUCTION								
COMMERCIAL LOCATIONS: DO YOU NEED A NEW SIGN (SIGN PERI	/IIT REQUIRED)							

the business will not employ any person who fails to meet identity and employment eligibility requirements to work in the USA. I affirm under oath that I will maintain accurate contact information for responsible persons on file with the County. I certify that all assessments and business personal property taxes due and payable to Beaufort County have been paid, and that the business name is the same as reported on documents filed with the state and federal governments. I agree to comply with the requirements of Beaufort County Ordinance governing business license and any other applicable County code requirements. I understand that my business income tax returns and other documents may be inspected/ audited to verify gross income or other business data.

Owner or Owner Agent Signature:	Date: / /
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