



**BEAUFORT COUNTY BUSINESS SERVICE CENTER**

**P.O. DRAWER 1228  
BEAUFORT, SC 29901-1228**

**PHONE: 843-255-2270  
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 _____ |