

BEAUFORT COUNTY BUSINESS SERVICE CENTER
P.O. DRAWER 1228 **PHONE: 843-255-2270**
BEAUFORT, SC 29901-1228 **FAX: 843-255-9411**
www.beaufortcountysc.gov

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): _____
- 5) 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 AND emails 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) *Single* Business Activity: _____
- 8) 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

Bring this form to the Business Service Center; staff will indicate which requirements apply. Initial your acknowledgment of these requirements. Complete these forms or requirements **only AFTER obtaining Zoning approval and Zoning Permit**. Unique business activities may have other requirements not shown here.

County Forms provided <u>in your package</u>		Applies	N/A	Customer Initials	Returned to BSC
1.	Data Form and License Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2.	Change of Address Form if applicable	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3.	Auditor Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4.	E-911 form - commercial locations	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Documents Required					
6.	Copy of Driver License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7.	Commercial locations – Lease agreement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8.	SC SOS: Business Articles and listing of officers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9.	Completed E-911 form commercial locations	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10.	SC LLR: Occupational Licenses				
Other documentation required from business					
13.	SC DHEC: licenses	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
14.	SC DOR: Alcohol/Liquor License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
15.	SC DOR: Retail License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
16.	SC DOR: Wholesale License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
17.	IRS: 501(c) documentation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>



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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 _____

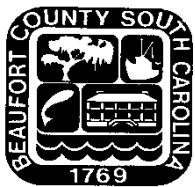
OFFICER _____ TITLE _____

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 _____



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 BEAUFORT, SC 29901-1228

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Year _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

Business Lic# _____

CITY _____ STATE _____ ZIP _____

Website / email Address: _____ Cell Phone Number: _____

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

- RENEWAL due by May 31st 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 COMPLETE A NEW CLEARANCE FORM

2.

(STAFF USE ONLY)

a. Gross Receipts (Attach PROOF OF REVENUE)		a.
b. Exempt Income (For deductions attach copies of other license applications paid)		b.
c. Total gross subject to Beaufort County Business License Tax		c.
d. Business License Tax (minimum rate for first \$5,000 in revenue)		d.
e. Additional gross divided by 1,000 x (incremental rate)		e.
f. Vehicles for Hire: Taxi / Limousine / Private car service/ van Number of vehicles _____ x rate per unit \$25.00		f.
g. Calculated license Tax (<i>add lines d thru line f</i>)		g.
h. Penalty Due (5% per month if paid after May 31st)		h.
i. Prior year balance not paid and due:		i.
j. Prior year (credit):		j.
k. Credit card Fee		k.
l. Total License Tax Due (<i>add lines g – k, if credit subtract line j from total</i>)		l.

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. **BUSINESS PERSONAL TAX PAID (INITIAL):** _____ **DATE** _____

PRINT NAME

SIGNATURE

TITLE

DATE

GR Verified: _____ Date Received or Postmark: _____	Bill # _____ CK# _____ \$ _____
Deductions Verified: _____ Staff: _____	CC _____ CA \$ _____
NEW ZONING REQ: Y ___ N ___ NEW ZONING # _____	
Credit: _____	Balance due: _____



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 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 (1ST) TAX BILL DUE:** _____

COUNTY SIGNATURE: _____

IMPORTANT: ALL APPLICABLE BLANKS MUST BE COMPLETED TO PROCESS