Business License Assessment Survey

- This form is intended to help the County better understand where and how your business operates, to assess whether or not a Richland County business license is needed. If a license is needed, our office will work collaboratively with you to facilitate compliance.

- If you already have a County license, please provide the number: _______________. If your business does not currently have a license, please be aware a license may or may not be needed.

- Please complete and return this form to the Business Service Center. (Faxes not accepted.)

Business Information
1. Corporate Business Name: _______________________________________________________
2. Doing Business As (if different): _________________________________________________
3. Local Business Phone: ________________  Open Date: _____________________________
   'See http://www.census.gov/naics/ for assistance)
5. Description of your business (at least 10 words) ____________________________

Physical Location Information
6. Business Location (Street, City, State, Zip): _______________________________________
7. If the physical address is not in the unincorporated areas of the County, how often does your business go into – or expect to go into – the non-city areas of Richland County:
   Approximately: __________ times a (circle one) week month year
8. Name of best person to contact re: license requirements: ___________________________
9. Title: __________________________  Work Phone: _________________________________
10. Cell Phone: ________________  E-mail: _______________________________________
11. Area where business has been and/or will be conducted by the business: (check all that apply)

   - Arcadia Lakes
   - Blythewood
   - Columbia
   - Cayce
   - Forest Acres
   - Eastover
   - Irmo
   - non-city limits in Richland County
   - outside Richland County entirely
Owner/Principal Information

12. Owner/Principal(s) Name (no corporate names): ________________________________
13. Mailing Address: ____________________________________________________________
14. Work Phone: ________________________ Cell Phone: ____________________________
15. E-mail: ________________________________

Applicant Certification

Upon penalty of perjury, I hereby certify and attest to the following:

(1) All information provided here is true and correct to the best of my knowledge.

(2) If this location of this business or location of the conduct of this business changes or expands at any time in the future, I will notify the Business Service Center and obtain a new Business License Assessment Survey.

(3) I understand that, if my business is located in or conducts business in the unincorporated areas of Richland County, I am responsible for complying with all County business requirements, found at http://www.richlandonline.com/Government/Ordinances.aspx. I also understand the consequences for failing to comply with these requirements.

(4) I understand that the Business License Determination shown below is valid until either (1) the information contained on this form changes or (2) March 15, the date on which all business licenses must be renewed, whichever comes first.

Signature of Applicant: ________________________ Printed Name: ________________________
Title: ______________________________________ Date: ________________________

Business License Determination

☐ Tax district of physical location*: _____ (if located within Richland County)

Based on the information provided above, certified by the applicant as accurate, this business:

☐ DOES NOT need a Richland County business license at this time

☐ DOES need a Richland County business license at this time

Business License #: __________________________ Year: _________
Status of County Business License: ☐ Pending (♀) ☐ Paid (♀) ☐ Issued (♂)

All County business licenses expire on December 31st of each year.

The License Determination above is valid until: (1) the information on this form changes, or (2) March 15, the date by which all licenses must be renewed, whichever comes first.

Signature of BSC Staff: ________________________ Printed Name: ________________________
Title: ______________________________________ Date: ________________________