



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 County license, please be aware a license may or may not be needed.

Business Information

1. Corporate Business Name: _____
2. Name as seen by the public: _____
3. Local Business Phone: _____ Open Date: _____
4. Specific business activity: _____
5. 2017 NAICS Code: _____ (See <http://www.census.gov/naics/> for help)
6. Description of your business (at least 10 words) _____

Physical Location Information

7. Business Location (Street, City, State, Zip): _____
8. If the physical address is not in the County's unincorporated areas, how often does your business go into – *or expect to go into* – the non-city areas of Richland County:
Approximately: _____ times per (circle one) week month year
9. Best person to contact re: license requirements: _____
10. Title: _____ Work #: _____
11. Cell #: _____ E-mail: _____
12. Area where business has been and/or will be conducted by the business: (check all that apply)
 - Arcadia Lakes Cayce Irmo
 - Blythewood Forest Acres non-city limits in Richland County
 - Columbia Eastover outside Richland County entirely

Owner/Principal Information

13. Owner/Principal(s) Name (no corporate names): _____
14. Home address: _____

**RICHLAND COUNTY GOVERNMENT
COMMUNITY PLANNING & DEVELOPMENT
BUSINESS SERVICE CENTER**

2020 Hampton Street, Suite 1050, P.O. Box 192, Columbia SC 29202
T 803-576-2287 | F 803-576-2289 | TDD 803-576-2045
bsc@richlandcountysc.gov | richlandcountysc.gov/bsc



15. Mailing Address: _____

16. Work #: _____ Cell #: _____

17. E-mail: _____

Applicant Certification

Upon penalties 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 complete 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 Service Center Staff Only
Business License Determination**

Tax district of physical location: _____ OR located outside of 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
 - Business licenses are not required to submit proposals, bids, job quotes, or applications.
- DOES** need a Richland County business license at this time
 - Business licenses are required if the business is awarded a County bid or job to do work in the non-city areas of Richland County.

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: _____

