



# Richland County Business Service Center

2020 Hampton Street, Suite 1050  
 P.O. Box 192  
 Columbia, SC 29202

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 Fax: (803) 576-2289  
[bsc@rcgov.us](mailto:bsc@rcgov.us)  
<http://www.rcgov.us/bsc>

## APPLICATION FOR A NEW BUSINESS LICENSE

For New Businesses or Businesses Obtaining Their First Business License

- NOTE!** Businesses located outside city limits of Richland County but inside Richland County must also email a completed Clearance Form at the same time as this form for an application to be reviewed.
  - Complete, save, then email the completed form to the Business Service Center. Faxes *not* accepted.
- Are you buying an existing business?  Yes  No      If yes, Sale Date: \_\_\_\_\_
  - If yes, purchased business' name \_\_\_\_\_

### Business Information

- Business Name: \_\_\_\_\_
- Doing Business As (if different): \_\_\_\_\_
- Business Ownership Type       Corporation       LLC       LLP       LP  
 Sole Proprietor (individual)
- Open Date: \_\_\_\_\_      **Will you be selling goods in different places?**  Yes  No
- Local Business Phone #: \_\_\_\_\_      Cell #: \_\_\_\_\_
- 2017 NAICS Code (6 digits): \_\_\_\_\_      (See the NAICS [website](#) for assistance.)
- SPECIFIC** business activity: \_\_\_\_\_      **Booth renter?**  Yes  No
- For new businesses – Projected *gross* revenue through end of the calendar year: \$ \_\_\_\_\_  
 For businesses getting first business license – *gross* revenue in last calendar year: \$ \_\_\_\_\_  
 For contractors with new projects – gross amount of the contract: \$ \_\_\_\_\_  
Any applicable deductions (paid building permit work, other business licenses): \$ \_\_\_\_\_

### Owner/Principal Information

**Names and titles of all other business officers/principals must be provided on a separate sheet.**

- Owner/Principal(s) Name (*no* corporate names): \_\_\_\_\_
- Federal ID # or SSN: \_\_\_\_\_      State Retail Sales #: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Work #: \_\_\_\_\_      Cell #: \_\_\_\_\_      Home #: \_\_\_\_\_
- Email: \_\_\_\_\_
- Is this person responsible for the business license?  Yes  No
- If no, print the name, title and phone number of that person: Name: \_\_\_\_\_  
 Title: \_\_\_\_\_      Phone: \_\_\_\_\_

### Location Information

- Business Location (Street, City, State, Zip): \_\_\_\_\_
- Business Mailing Address: \_\_\_\_\_

19. Business Contact Name: \_\_\_\_\_  
 20. Title of Contact: \_\_\_\_\_ Work #: \_\_\_\_\_  
 21. Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 22. If renting: Landlord Business Name: \_\_\_\_\_  
 Landlord Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact's Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Landlord mailing address: \_\_\_\_\_

**Decals and Stickers**

	Amount, if any
_____ # of "licensed business" vehicle decals, \$0.25/each (contractors required) \$	_____
_____ # of taxis, shuttles, limos registered <i>inside</i> RC, \$115.84/each (25% discount on vehicles 6-10, 50% discount on vehicles 11 and over)	\$ _____
_____ # of taxis, shuttles, limos registered <i>outside</i> RC, \$173.76/each (25% discount on vehicles 6-10, 50% discount on vehicles 11 and over)	\$ _____
# of coin-operated machines, \$12.50 each	
_____ # of amusement machines (foosball tables, video games, etc.)	\$ _____
_____ # of music machines (juke boxes, etc.)	\$ _____
_____ # of skill machines (pool tables, pinball machines, etc.)	\$ _____
<b>TOTAL*:</b>	\$ _____

**Requirements and Certifications**

	Applicable?
1. A <a href="#">Clearance Form</a> is needed for resident businesses and non-resident contractors.	<input type="checkbox"/>
2. <a href="#">Hospitality Taxes</a> are needed for businesses selling <u>prepared/modified foods/drinks</u>	<input type="checkbox"/>
3. <a href="#">Business Personal Property Taxes</a> : For County businesses open three years or more.	<input type="checkbox"/>

**I certify by my signature below:**

4. That I selected the **2017 NAICS Code** that most accurately corresponds to this business (on Page 1).
5. That I understand that if this business has **officers or principals**, their names and titles must be provided on a separate sheet to this office and failure to do so is grounds for denial of the application.
6. That all of this business' **contractors, subcontractors, and 1099 contractors** are operating legally by having their own County business license if required. (Call 803-576-2287 or [email](#) to verify.)
7. **ONLY for businesses applying to operate as "Drinking Places"** (bars, lounges, nightclubs, etc.)
  - That I have  or have not  been convicted, pled guilty or no contest to any crime covered by SC Code Title 16, Chapters 13, 14, or Section 39-15-1190 within the last five years from the date of this application. (If needed, check with your attorney, Public Defender, or the paperwork from the case.)
  - That this business has  or has not  had an alcohol license suspended, revoked, or not renewed within a two year period immediately before the date of this license application.
8. That (a) all information in this application is **true and correct**; (b) gross receipts are **accurately reported** with **no unauthorized deductions or exemptions**; and (c) I understand this application is **subject to being reviewed by all applicable departments to assess compliance** with all requirements applicable to this business.

(Typed name represents signature) Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_