



Clearance 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.** (Booth renters do not need to use this form.) Complete one form for each business activity.
- Return the **original**, completed form to the Business Service Center. Faxes are not accepted.
- A **\$26.33** Zoning fee is required for each Clearance Form, along with any other applicable fees/taxes. (Staff will notify you of the total amount to be paid **after** approval process.)
- All approvals must be obtained and requirements met before a business license will be issued.

STEP 1 – Complete all information below (and top of Page 2).

Select Reason(s) for Completing Form:

- New business or Existing business
- Change in physical location/address
 - Change in or Addition of Business Activity/Use
 - Change in Ownership
 - Out of County Contractor
 - Internal staff review to verify compliance

* Home-based businesses must also complete a Home Occupation application.

** If in a new commercial structure, a copy of the CO is needed to continue the business license application process. (You may obtain a copy from the Building Inspections Division.)

Select Structure Type:

- Residence (Home-based business)*
- New Commercial**
- Existing Commercial

Business Information: (All fields are required.)

- 1) Business (Corporate) Name: _____
- 2) Doing Business As (as seen by public): _____
- 3) Business Location (suite, street, CITY, ZIP): _____
- 4) **Mailing** Address: _____
- 5) Is this an IRS 501(c) tax-exempt organization? Yes, Section # _____ No
- 6) Tax Map #: _____ (Leave blank – staff will look up this number for you.)

Certification of Business Activity: Failure to initial will result in a denied application.

By initialing below, you attest (1) to the accuracy of your responses, (2) that you understand the terms and definitions used, (3) that you have asked any questions of the appropriate staff, and (4) that you agree to fully comply with the requirements indicated on this form. (Code Section 26-22 addresses sexually oriented business requirements.)

- 7) **SPECIFIC** Business Activity: _____ 2022 NAICS Code: _____
(See the NAISC [website](#).) **I understand and agree to comply with the requirement that no other business activity is permitted unless approved in advance with a Clearance Form.** INITIAL: _____
- 8) Are any other business activities occurring at or planned for this location? Yes* No
* If yes, another Clearance Form **must** be completed for **each** activity occurring or being planned.
- 9) Is this a Sexually Oriented Business, or going to be? Yes No INITIAL: _____

Local Contact Person:

Printed Name: _____ Title: _____
Work #: _____ Cell #: _____ Home #: _____
Email: _____

Person Completing Form:

Printed Name: _____ Signature: _____
Title: _____ Date: _____
Work #: _____ Cell #: _____ Home #: _____
Email: _____

STOP!

STOP!

STEP 2

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

Requirements					
County Forms provided to you (to return)		Applies	N/A	Customer Initials	Returned to BSC
1.	Application for New Business License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2.	Peddler's License Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3.	Hospitality Tax Certification Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4.	Hospitality Tax Enrollment Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5.	Change of Address Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6.	Change of NAICS Code Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7.	Local Accommodations Tax (New BL App)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8.	Hazardous Materials Certification Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9.	Pet Breeders License Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10.	Precious Metals Permit Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11.	Certificate of Occupancy (CO) copy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12.	Declaration of Qualifications	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other documentation required FROM YOU					
13.	SC DOR: Retail License	<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: Wholesale License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
16.	SC DA: licenses (food inspection)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
17.	SC LLR: occupational licenses	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
18.	SC DSS: Registration (copy)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
19.	IRS: 501(c) documentation (IRS letter)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Printed Name of BSC employee: _____ Date: _____

STEP 3

Zoning Division 803-576-2190 1st floor, County bldg.
Name of employee receiving form: _____ Date: _____
- For existing commercial: the location's prior use is: Unknown Same as proposed
 Different: _____
 Approved – Printed Name: _____ Date: _____
 Disapproved – Printed Name: _____ Date: _____
Comments or reason(s) for disapproval:

Please contact _____ at _____ for more information.

Building Inspections 803-576-2140 1st floor, County bldg.
Name of employee receiving form: _____ Date: _____
Contractors' SC LLR license obtained: N/A Yes # _____ No (State _____)
 Approved – Printed Name: _____ Date: _____
 Disapproved – Printed Name: _____ Date: _____
Comments or reason(s) for disapproval:

Please contact _____ at _____ for more information.

Fire Marshal 803-576-3400 Meet onsite for inspection
Name of employee receiving form: _____ Date: _____
 Approved – Printed Name: _____ Date: _____
 Disapproved – Printed Name: _____ Date: _____
Comments or reason(s) for disapproval; or see the Fire Marshal's report.

Please contact _____ at _____ for more information.

Sheriff's Department 803-576-3000 Headquarters, 5623 Two Notch Rd.
Name of employee receiving form: _____ Date: _____
Comments below provided by: Printed Name: _____ Date: _____

Please contact _____ at _____ for more information.

SCDA: Retail Food Safety 350 Ballard Ct, West Columbia 803-896-0640
(restaurant inspections)
Documentation showing SCDA approval must be submitted with your license application.

SCDPH: Department of Public Health 301 Gervais St 803-545-4370
Documentation showing SCDPH approval must be submitted with your license application.

DSS: License/Registration 2638 Two Notch Rd, Suite 220 803-898-9001
Businesses caring for children are required to be licensed or registered with DSS.
(See State Code Section 63-13-10 et. Seq. for more information.)

STEP 4

Return the original, completed Clearance Form with all necessary forms and documentation indicated in Step 2 to the Business Service Center. Be prepared to pay the Zoning Review Fee plus the business license fee.

Business Service Center 1st floor, County bldg. Suite 1050 803-576-2287

Name of employee receiving form: _____ Date: _____

- All required information has been completed. **(STEP 1)**
- Any other business activities also have approved Clearance Forms. **(Question 8)**
- All required documents have been submitted with the Clearance Form. **(STEP 2)**
- All spaces for initials have been initialed. **(STEP 1 & 2)**
- All necessary approvals have been received and signed without conditions. **(STEP 3)**
- The Zoning Review Fee and any other required fees/taxes have been paid.

Approved – Printed Name: _____ Date: _____

Disapproved – Printed Name: _____ Date: _____

If disapproved, the reason(s) is indicated below:

Comments: _____

Please contact _____ at _____ for more information.