

City of North Charleston

APPLICATION FOR BUSINESS LICENSE PO BOX 190016 NO. CHAS., SC 29419 • T 843-740-2632 or 843-740-2634 • F 843-745-1059

BUSINESS NAME/MAILING INFORMATION

EMPLOYER FEDERAL ID NUMBER SC RETAIL SALES TAX NUMBER OWNER'S SOCIAL SECURITY NUMBER

COMPANY NAME DATE OF OFFICIAL OPEN

BUSINESS DBA NAME

STREET NO. DIR. STREET NAME

UNIT/SUITE CITY STATE ZIP

PHONE NUMBER FAX NUMBER EMAIL ADDRESS

BUSINESS LOCATION

STREET NO. STREET NAME CITY STATE ZIP

COUNTY BUSINESS PHONE FAX NUMBER

TYPE OF BUSINESS

TYPE OF BUSINESS

OWNER'S FULL NAME PHONE NUMBER

OWNER'S PERMANENT ADDRESS

OWNERSHIP TYPE: CORPORATION INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY

IF BUSINESS IS OWNED BY A CORPORATION, ASSOCIATION, OR OTHER LEGAL ENTITY, PLEASE LIST NAME AND TITLE OF OFFICERS BELOW:

OFFICER TITLE

OFFICER TITLE

INCOME/SERVICE

1. LIST ESTIMATED GROSS INCOME FROM DATE OPENED THROUGH DECEMBER 31:

2. WILL THIS BUSINESS HAVE ANY COIN OPERATED AMUSEMENT DEVICES? YES NO

3. WILL THIS BUSINESS BE SERVING ALCOHOL BEVERAGES? YES NO

4. WILL THIS BUSINESS SERVICE PREPARED FOODS? YES NO

I do hereby certify that the information given in this application is true and that gross receipts are accurately reported, or estimated for a new business without any unauthorized deductions and that pursuant to S.C. Code Section 6-29-1145, the tract or parcel of land is not restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the permitted activity.

APPLICANT'S SIGNATURE *Please ensure all applicable fields are completed prior to submission or a license may not be issued.*

NAME DATE

OFFICE USE ONLY

BUSINESS TYPE CLASS ACCT. NO.