



**DORCHESTER COUNTY
BUSINESS SERVICES DEPARTMENT**

BUDGET & REVENUE DIVISION

500 N. Main Street, Box 3
Summerville, SC 29483
Phone (843) 832-0018

businesslicense@dorchestercountysc.gov

APPLICATION FOR NEW COUNTY BUSINESS LICENSE

BL Status	
Approved:	_____
Billed:	_____
Notified:	_____
Waiting on:	<input type="checkbox"/> State License
	<input type="checkbox"/> Permit
	<input type="checkbox"/> Zoning
	<input type="checkbox"/> Fire
	<input type="checkbox"/> Other:

Business Information	
Corporate name:	
DBA:	Opening date:
Organization type: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Corporation	
Business activity/type:	NAICS code:
Federal ID/SSN #:	State retail sales #:
Mailing address:	
Physical Address:	<input type="checkbox"/> Inside County <input type="checkbox"/> Outside County
Contact name & title:	
Contact phone:	Alternate phone:
Fax:	Email:
Owner or Principal Information	
Owner/Principal(s) name(s), title(s):	
Mailing address:	
Work phone:	Alternate phone:
Fax:	Email:
Contractor Information	
State contractor license #: <i>Copy required</i>	State: Expiration date:
Specialty license #: <i>Copy required</i>	State: Expiration date:
Other Information	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Buying an existing business? <i>If yes, purchased business' name:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business leasing space to another business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of use to building?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home occupation? <i>If yes, is home based business form submitted?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing property? Name of Landlord: <i>If yes, please provide copy of lease.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sell food or beverages that are prepared and/or consumed on your premises? <i>If yes, certificate from DHEC?</i>

Financial Information

Total gross revenues estimated or projected. \$ _____

New license requires estimate of revenue generated for fiscal year beginning January 1 – December 31.

Applicant Certification

1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
2. I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction's requirements.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

Applicant printed name: _____

Title: _____

Signature: _____

Date: _____

THE FOLLOWING ONLY NEEDS TO BE NOTARIZED IF THE MAILING ADDRESS IS LOCATED OUT OF THE STATE OF SOUTH CAROLINA IN ACCORDANCE WITH THE BUSINESS LICENSE ORDINANCE 17-27, OF DORCHESTER COUNTY, I HEREBY MAKE APPLICATION FOR A BUSINESS LICENSE, THEREUNDER;

Signature: _____

Date: _____

OATH OF APPLICANT:

PERSONALLY APPEARED BEFORE ME _____, WHO BEING DULY SWORN, STATES THAT THE ABOVE INFORMATION, WHICH HE/SHE IS IN POSITION TO KNOW, IS TRUE AND CORRECT AND THAT HE/SHE IS AUTHORIZED TO MAKE SUCH APPLICATION.

SWORN TO THIS ____ DAY OF _____, 20 _____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____