

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

2020 Hampton Street, Suite 1050, P.O. Box 192, Columbia SC 29202
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New Business License Application

For New Businesses or Existing Businesses Obtaining Their First Business License with Richland County.

Please complete this form and return it to the Business Service Center. Businesses located outside city limits of Richland County but inside Richland County must also complete and return a Clearance Form before a business license can be issued. (NOTE! Faxed applications are not accepted.)

Are you buying an existing business? Yes No If yes, Sale Date: _____

If yes, purchased business' name: _____

Business Information:

1. Business Name: _____
2. Doing Business As (if different): _____
3. Business Ownership Type: Corporation LLC LLP LP Sole Proprietor (individual)
4. Open Date: _____ Will you be selling goods in different places? Yes No
5. Local Business Phone #: _____ Cell #: _____
6. 2022 NAICS Code (6 digits): _____ (See www.census.gov/naics/ for assistance)
7. **SPECIFIC** business activity: _____ Booth renter? Yes No
8. 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.

9. Owner/Principal(s) Name (*no corporate names*): _____
10. Federal EIN # or SSN: _____ State Retail Sales #: _____
11. Home Address: _____
12. Mailing Address: _____
13. Work #: _____ Cell #: _____ Home #: _____
14. Email: _____
15. Is this person responsible for the business license? Yes No
16. If no, print the name, title and phone number of that person: Name: _____
Title: _____ Phone #: _____

Location Information:

17. Business Location (Street, City, State, Zip): _____
18. Business Mailing Address: _____

19. Business Contact Name: _____

20. Title of Contact: _____ Work #: _____

21. Cell #: _____ Email: _____

22. If renting – Landlord Business Name: _____

Landlord Contact Name: _____ Title: _____

Contact's Email: _____ Phone #: _____

Landlord Mailing Address: _____

Decals and Stickers:

"Licensed Business" vehicle decals (contractors required) -	_____ @ \$0.25/each	= \$ _____
Taxi, Shuttles, & Limo decals (registered inside RC) -	_____ @ \$115.84/each	= \$ _____
(25% discount on vehicles 6-10, 50% discount on vehicles 11 and over)		
Taxi, Shuttles, & Limo decals (registered outside RC) -	_____ @ \$173.76/each	= \$ _____
(25% discount on vehicles 6-10, 50% discount on vehicles 11 and over)		
Coin-operated machine decals -		
Amusement Machines (foosball tables, video games, etc.) -	_____ @ \$12.50/each	= \$ _____
Music Machines (juke boxes, etc.) -	_____ @ \$12.50/each	= \$ _____
Skill Machines (pool tables, pinball machines, etc.) -	_____ @ \$12.50/each	= \$ _____
	TOTAL:	\$ _____

Certifications:

I certify by my signature below:

- 23. That I selected the 2022 NAICS Code that most accurately corresponds to this business (# 6 on Page 1).
- 24. 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.
- 25. That all of this business' **contractors, subcontractors, and 1099 contractors** are operating legally by having their own County business license if required.
- 26. **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.
- 27. 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.

Applicant Signature: _____ Title: _____

Printed Name: _____ Date: _____