



# City of Columbia Business License Division

**Mailing Address:** P.O. Box 147, Columbia, SC 29217

**Physical Address:** 1339 Main Street (1st Floor), Columbia, SC 29201

**Phone:** 803-545-3345 | **Fax:** 803-988-8025

**Office Hours:** Mon-Fri - 8:30 a.m. - 5:00 p.m.

Together we will build a world-class city

## APPLICATION FOR A NEW BUSINESS LICENSE

### Business Information

Business Name:

DbA *(if different than above):*

Federal ID# or SSN:

State Professional License #:

State Retail Sales #:

Minority Business Certificate Number *(if applicable):*

Type of Ownership:

- Corporation    - Sole Proprietor (Individual)    - LLC    - LLP    - LP    - Partnership

*If this is a Nonprofit organization, proper documentation must be provided with this application.*

Business Start Date:

# of Employees:

Description of  
Business Activity:

NAICS Code  
*(from IRS tax return):*

Projected Gross and/or  
Contract Amount:                      \$

### Owner/Principal Information

Owner/ Principal Name(s):

*(no corporate names)*

Mailing Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

### Location Information

Business Location:

*(Physical Location)*

City:

State:

ZIP Code:

Business Mailing Address:

*(if different than above):*

City:

State:

ZIP Code:

Business Phone:

Fax:

Business Contact  
Name:

Title:

Contact E-mail:

## APPLICATION FOR A NEW BUSINESS LICENSE

### Alternate Contact

Alt. Contact #1:	Alt. Contact #2:
Phone:	Phone:
E-mail:	E-mail:
Contact Type:	Contact Type:

### Other Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Home-based Business:</b> Is this business operating from a residential location?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Independent Contractors:</b> Do you have any independent contractors (Form 1099)? <i>If so, names:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Leased Locations:</b> Do you lease or rent the business location? <i>If so, landlord's name and address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hospitality Taxes:</b> Do you sell prepared and/or modified foods or beverages? <i>For example: caterers, convenience stores, grocery stores, restaurants, etc.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Local Accommodations Taxes:</b> Does your business offer accommodations of less than 30 days? <i>For example: hotels, motels, bed &amp; breakfasts, etc.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Vehicle Decals:</b> Do you need vehicle decals? <i>For example: taxi's, contractor/construction vehicles, etc.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amusement Decals:</b> Do you need decals for machines? <i>For example: amusement machines, pool tables, video games, juke boxes, etc.</i>

### Applicant Certification

1. The undersigned is aware of and understands the jurisdiction's requirements and codes. Thus, issuance of a business license is contingent upon compliance with all of the jurisdiction's requirements.
2. The undersigned swears or affirms that he/she has completed and/or reviewed all information in this application and that all information contained herein is true and accurate.
3. The undersigned further acknowledges that giving false information in this application or any addending or supplemental forms constitutes cause for denial and revocation of the application or license AND subjects him/her to criminal prosecution for perjury.
4. The undersigned acknowledges the duty and agrees to update and correct this information as it changes.
5. The undersigned understands and authorizes the jurisdiction and its agents to utilize the information on this application to ensure that all other federal, state, and local laws are complied with.

Signature of applicant:	Printed Name:
Title:	Date:

### **For Office Use Only:**

Business License #: \_\_\_\_\_

Decal Requested?  Yes  No

Type of Decal: \_\_\_\_\_ Number of Decals: \_\_\_\_\_